



Permission Slip

I, _____, hereby give permission for my
Son/Daughter, _____, to be treated by a doctor in case
of emergency.

Parent or Guardian Signature

Date

Patient's Name _____

Parent's Address _____

Both Parents Telephone Numbers

Home _____ Work _____

*In Case of Emergency, please list TWO persons who could be notified if both
parents could not be reached.*

Name _____ Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

Please check one: Swimmer _____ Non-Swimmer _____

Beginner _____ Advanced _____

Additional Comments: (i.e. allergies, medicines, etc.)