

Escondido Fish and Game Association

P. O. Box 460506 Escondido, CA 92046 www.escondidofishandgame.com

Parent Permission Slip

Event:		
Event Date:	horization:	
Auu	nonzation.	
My child or ward has my permission to participate in tand guardians provide all their child/ward transportation with and approved by the event leader. I waive all claim Association, City of Escondido, and all staff and suppose leader or a responsible adult designated by me has my and treatment and hospital care for the below minor with physician or surgeon at my expense. This authorization the time of transportation to and from the event held at	on and that they are welcome to atte ms against the leaders of this event, ort personnel of the event. In case of permission to obtain medical, denta hich is deemed advisable by and to on will remain in effect for the durate	nd events as prearranged Escondido Fish and Game f an emergency, the event il, or surgical diagnosis be rendered by a licensed ion of the event, including
Name of child/ward:		
Responsible Adult:		
		Date:
Signature of Parent or Guardian		
Printed Name of Parent or Guardian	State of Drivers License	Drivers License number
I understand that I shall verbally, as well as in person(s) in charge) of any serious medical co		I may currently have:
Current Medication being taken:	(Continue on back if required)	
Emerge During this event, I can be reached at the follocalls:	ency Contacts: owing phone number(s) and w	vill accept collect
()	()	
Medical Insu	rance Information:	
Medical Insurance Carrier:		
Insurance Policy Number:		