



### Permission for Medical Care

If you are under 18 years of age it is necessary for a parent or guardian to sign the permit below for you to receive medical care should it become necessary.

I grant permission for \_\_\_\_\_ (name of student) to receive medical care from Denver Urban Debate League staff or any off-campus medical care provider while he/she at a DUDL event. I also authorize such treatment, x-rays or other diagnostic studies as, in the judgment of the attending physician, may reasonably be necessary to preserve and protect the student's health.

Emergency Contact Name: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2 \_\_\_\_\_

Secondary Emergency Contact Name: \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

#### *Student Health Information*

Date of birth: \_\_\_\_\_ Allergies: \_\_\_\_\_

Description of allergic reaction: \_\_\_\_\_

Other medical condition to be aware of: \_\_\_\_\_

Any other information we should know:

\_\_\_\_\_

\_\_\_\_\_