

SPOUDAZO MEDICAL RELEASE/PERMISSION FORM

The following information is required before a participant will be allowed to go on tour. Please fill out the information thoroughly.

Participant Name _____

Parent Names _____

Medical Insurance Carrier _____

Insurance Number(s) _____

Emergency Contact People and Numbers:

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Name _____ Phone # _____

Does your child have food, animal, plant, or medicine allergies? NO _____ YES _____

If yes, please explain: _____

Does your child have a medical condition which we should be aware of, or take medication that needs adult monitoring? NO _____ YES _____

If yes, please explain: _____

Does your child have a behavioral/emotional issue that we should be aware of? NO ___ YES ___

If yes, please explain: _____

Parents - please sign and date:

In the event of an emergency where medical treatment is required, I give permission to Lon Olson, Wendy Olson, or Matt Knopf to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency.

Signed _____ Date _____