

OUT OF STATE - PARENTAL PERMISSION/HEALTH FORM

This form is to be filled out by a parent or guardian, in its entirety, and returned to the Housing Chairman before your daughter leaves for Grand Assembly.

Name of Girl: _____ Date of Birth: _____

Assembly Name and Number _____

Jurisdiction (if an out-of-state guest) _____

Chaperone (if an out-of-state guest) _____

Telephone number where parent/guardian may be reached during Grand Assembly:

Home: _____ Cell: _____ Work: _____

Health Insurance Policy Information

Name of Health Insurance Company: _____

Insurance Policy or Card Number: _____

Name of Insured: _____

If Medication is taken at present, please list medication(s) and dosage:

List any food or health problems your daughter may have **including allergies**: _____

List any sickness or any injuries your daughter has had in the past 2 months: _____

Any other essential information the first aid staff would need to know: _____

Do we have permission to administer or see that your daughter receives emergency treatment if the situation arises? Yes ___ No ___

Do we have your permission for your daughter to take or receive acetaminophen (Tylenol) or ibuprofen (Motrin)? Yes ___ No ___

Does your daughter have your permission to use the hotel swimming pool, if her Advisory Board approves? Yes ___ No ___

If any disciplinary problems arise with your daughter, we will call **you** to pick her up at Grand Assembly. The Advisory Board is responsible for all girls with the Assembly and will not condone unladylike conduct on the part of any girl. **There will be no alcoholic beverages, drugs or medications brought to Grand Assembly** (other than those noted on this form).

Parent/Guardian Signature
Date: _____

Parent's cell phone