



HOMENETMEN Glendale Ararat Chapter

Mailing Address and Activity Center:

www.Ararat.org

3347 N. San Fernando Road, Los Angeles, CA 90065 Tel. (323) 256-2564

E-mail: info@Ararat.org

MEDICAL PERMIT

I hereby authorize my son/daughter _____ to go to an overnight trip with Homenetmen Glendale "Ararat Chapter" from _____

Name of Parent or Guardian _____

Home address _____

Telephone # Home: _____ Work _____ Cell _____

Date of Birth _____ Age _____ Sex _____ Height _____ Weight _____

Doctor's name: _____ Telephone # _____

Family medical insurance carrier _____ Group # _____ ID _____

In an emergency, if unable to reach parent, contact:

Name/relationship _____ Telephone # _____

Name/relationship _____ Telephone # _____

MEDICAL INFORMATION

Allergic to medication yes { } no { }

If yes please name the medications

1. _____

2. _____

Allergic to anything else yes { } no { }

If yes please describe

1. _____

2. _____

Taking any medication? yes { } no { }

If yes please name them all.

1. _____

2. _____

Any chronic illness? yes { } no { }

If yes, please name the illness.

1. _____

2. _____

Check the items that apply to your child

Asthma { } Diabetes { } Heart problem { } Sleep walking { } Seizure { }

Parent or Guardian

In the event of a minor illness, do you authorize us to give your child common remedies ? yes { } no { }

I, the undersigned parent or legal guardian of the above named, do hereby authorize and consent to any x-ray, anesthetic, surgical or medical treatment rendered by medical or emergency room staff licensed under the provisions of the Medicine Practice Act, in the state of California, Dept. of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care deemed advisable by aforementioned physician in the exercise of the doctor's best judgement. It is understood that every effort will be made to contact the undersigned prior to rendering treatment to the patient, but none of the above treatment will be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provisions of section 25.8 of the civil code of California.

Signature of parent/guardian _____ Date _____