

Illnesses and Allergies

\_\_\_ Heart Defect/Disease

\_\_\_ Bleeding/Clotting disorders

\_\_\_ Asthma

\_\_\_ Seizures

\_\_\_ Other: \_\_\_\_\_

\_\_\_ Medicine/drugs: \_\_\_\_\_

\_\_\_ Food: \_\_\_\_\_

\_\_\_ Insect stings: \_\_\_\_\_

\_\_\_ Other: \_\_\_\_\_

Permission is granted for giving the following dosages of medication if indicated:

\_\_\_ Aspirin

\_\_\_ Tylenol

\_\_\_ Ibuprofen

\_\_\_ Other: \_\_\_\_\_

I know of no reason(s), other than the information indicated on this form, why my child should not participate as part of or, in conjunction with the Saint Bartholomew's Episcopal Church youth group except as noted.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date