

# Authorization for Medical Treatment

PLEASE PRINT (*Update for each event requiring medication*)

Last Name _____	First Name _____	Middle Initial _____
Age _____	Date of Birth ___/___/___	Social Security Number _____
Home Street Address _____		
City _____	State ___	Zip Code _____
<b>Parent/Guardian Name</b> _____		
Relationship _____		
Home Street Address _____		
City _____	State ___	Zip Code _____
Home Number (____) _____	Work Number (____) _____	
Mobile Number (____) _____	Pager Number (____) _____	
Other Number (____) _____		

**PART I: Medical Consent (*Parent or Legal Guardian is required to complete*)**

I certify that I am the parent, legal guardian, or other person in legal control of the above identified child and request and authorize that my child be administered appropriate first aid and/or taken to the nearest medical facility for emergency treatment as necessary.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**PART II: Permission to Use Over-the-Counter Medication (*If not completed, Young Marines will not receive medication*)**

My child, \_\_\_\_\_, has my permission to take any over-the-counter medications in accordance with label instructions as needed with the exception of:

\_\_\_\_\_ while attending  
Young Marine Activities.

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_