**PERMISSION/MEDICAL AUTHORIZATION/RELEASE**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as parent/legal guardian of

**(Name, Please Print)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby give my permission

**(Student’s Name, Please Print)**

for my daughter’s attendance and participation at the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Event / Meeting)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ From \_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event of illness or injury, I authorize to give consent for any necessary emergency medical treatment on behalf of my daughter. I understand that the GFWC or GFWC Florida, it’s members or chaperones are not liable for expenses incurred, including hospital or emergency transportation, for the treatment of any such injury or illness and that I am liable for all such expenses. In the event of a medical emergency, I further authorize GFWC Florida’s Juniorette Advisor / Chaperone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to provide the medical services provider with insurance information. A copy of my child’s insurance card is attached for that purpose, as well as a list of any known allergies and any medications my child may be taking at this time. My emergency contact phone numbers are:

Home\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and cell number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

As consideration for allowing my daughter to attend and participate in the above mentioned meeting/event, I release and forever discharge the GFWC, the GFWC Florida Federation of Women’s Cubs, it’s members and chaperones from any and all claims, actions, or liability which I or my daughter have or may have against the GFWC, the GFWC Florida Federation of Women’s Clubs, it’s members and chaperones concerning or in any manner connected with or arising from my daughter’s attendance and participation in the above mentioned event, including any and all acts of negligence occasioned by the GFWC, the GFWC Florida Federation of Women’s Clubs, its members and chaperones.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Signature Parent/Legal Guardian of**

Student / Juniorette Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State of Florida County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

On this \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_\_, before me personally appeared

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(name of signer), whose identity was proved to

me on the basis of satisfactory evidence to be the person whose name is subscribed to this

document, and who acknowledged that he/she signed the above/attached document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public