

G.I.T. FIT

Girls in Training ~1 Tim 4:8

Medical Permission Information Dates:

Participant's	Parents'
Name _____	Names _____
Address _____	Phone _____
Age ____ Birthdate _____	Email _____
Grade ____ School _____	

Notify in case of emergency:

Name _____ Cell Phone _____ Home _____

Person Picking up Child _____ Phone _____

Immunizations: Tetanus ____ Polio ____ Measles ____ Mumps ____ Other ____

Allergies: Foods _____ Penicillin/drugs _____

Insect stings/bites _____ Previous serious illnesses _____

Current Medications _____ Asthma inhaler _____ Special Diet _____

Please provide ANY medical information that we would need if your child should need medical attention _____

Is there any reason your child would not be able to participate in physical/running activities? _____

<p>Please initial:</p> <p>____ I hereby authorize a representative of G.I.T. Fit to take my child to an emergency facility in the event of an emergency.</p> <p>____ I hereby authorize any licensed physician or medical treatment center to treat my child in the event of an emergency.</p> <p>Parent Signature _____ Date _____</p> <p>It is ok/not ok to use a group picture with my daughter in it for advertising/social media material.</p>
