



Medical and Photo Release Forms

Child's name: _____ Age: _____

Please list any health problems that might be significant to a physician evaluating your child in case of an emergency: _____

Please list any allergies to medications, food, etc: _____

Has the child been prescribed an inhaler or epi-pen? _____

Is the child presently taking medication? _____ What type? _____

Authorizations: I give PPASP staff permission to seek appropriate medical treatment should the need arise. By signing below, I consent to the release of images and videos of my child for use in promotion of PPASP and PPSP.

Signature of parent or guardian: _____ Date: _____

Relationship to child: _____