



# PERMISSION SLIP AND MEDICAL FORM

**This permission slip should be completed and returned to the B A H A Chapter before any related activity and AFTER the student has registered. THIS IS NOT A REGISTRATION FORM.**

This is to certify that my child/ward has permission to participate in the above described event at the above stated location on the date(s) of \_\_\_\_\_.

Student is not allowed to participate in any activity until all information below is completed. If you wish to supply any additional information of your child/ward's needs, please use the reverse side of this form. Please print completed form, sign & return via email to [education@bahadeltas.org](mailto:education@bahadeltas.org) or Bay Area Houston Alumnae Chapter ATTN: Education Chair, P.O. Box 1963, Friendswood, TX 77549

### Parent/Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone/ Cellular (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

**To best meet your needs, please fill out the following information in its entirety.**

Student's Full Name \_\_\_\_\_

Does he/she have any allergies that should concern us?      Yes      No

If yes, please list them below:

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

Does he/she have any ongoing medical or psychological conditions that should concern us?      Yes      No

If yes, please list them below:

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

Is he/she currently taking any medication(s)?      Yes      No

If yes, please list them below:

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

