



**LOUIS BRYANT CHAPTER
NATIONAL STATE TROOPERS' COALITION, INC.
300 EAST ROOSEVELT RD.
LITTLE ROCK, AR 72206**



Captain
Lloyd Franklin
President

Corporal
Elvis Mull
Vice-President

MEDICAL PERMISSION/RELEASE FORM 2008

Name _____ Age _____

Address _____
City _____ State _____ Zip _____

In case of emergency notify: _____

Phone # () _____ - _____

Family Physician _____ Phone # () _____ - _____

Family Insurance Co. _____ Policy # _____

IMMUNIZATION: Tetanus Polio Booster Measles Mumps

PAST MEDICAL HISTORY (check box to give appropriate information)

asthma sinusitis bronchitis kidney trouble diabetes
 heart trouble dizziness stomach upset hay fever other

List other _____

ALLERGIES:

Food _____

Penicillin or other drug (name) _____

Insect stings/bites Poison sumac Poison oak Poison ivy

Previous operations or serious illness _____

Any current medications (list): _____

Special diet (name): _____

CHILDHOOD DISEASES:

chickenpox measles mumps whooping cough

other (list): _____

PERMISSION FOR TREATMENT

My permission is granted for the Camp Director or staff person in charge to obtain necessary medical attention in case of sickness or injury to my child.

Parent or Guardian Signature

Date