## FUTURE JAGS CAMPUS TOUR and GAME DAY TRIP PERMISSION SLIP

As the parent/legal guardian of	
I further give my consent to that in my absence the above-named minor be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named minor.	
MEDICAL INFORMATION	
Known allergies including any allergies to medicine (Continue on back of form if needed)	
Any other medical problems which should be noted (Continue on back of form if needed)	
Student Signature	Date
Parent Signature	Date