



MIDWEST BUDDHIST TEMPLE

435 West Menomonee Street • Chicago, IL 60614 • 312.943.7801

Parental or Guardian Permission and Medical Release

Activity: Teen Mind Body Seminar Date of Activity: July 1, 2017

Participant Name: _____ Date of Birth: _____

Participant's Parent or Guardian Name: (if under 18 years of age) _____

Address: _____ City: _____ State: _____

Home Phone: _____ Cell Phone: _____

In case of Emergency contact name: _____ Phone: _____

Medical Information:

Does the participant have any of the following:

Special Diet Allergies Medication Chronic or Serious illness Surgery in the past year
 Physical Conditions that limit physical activity

If Yes, to any of these, please note and use the back of the form for additional information.

I give permission for my child/youth to participate in the activity listed above and authorize the adult leaders supervising this seminar at Midwest Buddhist Temple to administer emergency treatment to my child/youth for any accident, injury, illness or other situations requiring emergency care. I authorize the adult leaders of this event to act in my stead while I/we are not in attendance at this event in approving necessary medical care.

This authorization shall cover this activity and travel to and from this activity.

Parent or guardian's signature _____ Date: _____

Relationship to Participant under 18 years of age: _____