

## Rotary District 7610

### Parent Permission to Participate and Emergency Medical Treatment Form

Permission and volunteer driver forms must be completed by the parent/legal guardian prior to student participation. Completed forms are submitted to and retained by the designated Rotary Club Youth Service, Event or District Youth Exchange Chair. Copies of permission and emergency medical form must be carried by the volunteer driver for the duration of the event/travel.

We, the undersigned, declare that \_\_\_\_\_ (student name) has our permission to participate in \_\_\_\_\_ (function/event), at \_\_\_\_\_, on \_\_\_\_\_ (date) at \_\_\_\_\_ (location).

**Select one:**

A. We give permissions for \_\_\_\_\_ to be transported to the \_\_\_\_\_ (function/ event) by \_\_\_\_\_ (name).

or

B. We will be providing transportation for \_\_\_\_\_ (name) to and from the event.

*In case of a medical emergency, students will be taken to the nearest emergency room.*

My child has the following medical conditions and medications that should be known to emergency medical care providers:

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Parent/Guardian Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Parent/Guardian's Emergency Contact phone number: \_\_\_\_\_

Student's cell phone number: \_\_\_\_\_

**Part II: ROTARIAN DRIVER AND INSURANCE INFORMATION**

(to be completed by the driver and owner or lessee of vehicle)

<b>Name</b>		
<b>Rotarian</b> <input type="checkbox"/>	<b>Parent</b> <input type="checkbox"/>	
<b>Operator's Lic #:</b>	<b>State</b>	<b>Exp date</b>
<b>I certify that the vehicle I will use for this trip:</b>		
<input type="checkbox"/> is designed and manufactured to transport fewer than 10 passengers		
<input type="checkbox"/> meets Federal Motor Vehicle Safety Standards and state standards applicable to passenger car occupant protection standards (at the time the vehicle was manufactured)		
<input type="checkbox"/> has a vehicle manufacturer installed seat belt for each passenger		
_____	_____	_____
<b>Driver's Signature</b>	<b>Date</b>	
<b>Insurance Coverage</b>		
<b>Owner or lessee of Insured Vehicle:</b>		
<b>Insurer &amp; Policy #:</b>		
<b>Vehicle Make</b>	<b>Model</b>	
_____	_____	_____
<b>Owners or Lessee's Signature</b>	<b>Date</b>	