

Buckley Field Young Marines  
Homework, Illness and injury Sheet

Date\_\_\_\_\_

Young Marine Name & Rank\_\_\_\_\_

(Print)

Parents/Guardian Name \_\_\_\_\_

(Print)

Home work Assignments and estimated time  
(Be specific with exact assignments and estimated time)

Illness or injury-

Restrictions

Had your Young Marine been seen by a Physician for this? \_\_\_\_\_Yes \_\_\_\_\_No

If yes please submit a copy of the physicians report.

If your Young Marine is ill or injured we ask that the parent or guardian stay for the entire Drill

Parent Guardian Signature \_\_\_\_\_

Young Marine Signature \_\_\_\_\_