

# Young Marines Permission Form

## Youth Information

UNIT: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age \_\_\_\_\_  
MF MM/DD/YY

Home Phone: \_\_\_\_\_

### **A. Parent/Legal Guardian Information and Permission**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Alternate Contact Number: \_\_\_\_\_  
\_\_\_\_\_ has my permission to attend the  
Young Marine's Name

### **Put Event , Place & Date:**

X Parent/ Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### **B. Emergency Contact Information**

In the event I cannot be contacted during an emergency please contact the following person:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### **C. Authorization for Medical Treatment**

\_\_\_\_\_ has my permission to take any over-the-counter  
Young Marine Name

medications as needed with the exception of:

\_\_\_\_\_  
(list on space provided)

while attending this program. I verify that you have permission to take  
\_\_\_\_\_ to the nearest medical facility for emergency treatment.

Young Marine Name

X Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

YM Name: \_\_\_\_\_

**Medication #1**

Medication Name: \_\_\_\_\_

Quantity: \_\_\_\_\_

Time to dispense: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Medication #2**

Medication Name: \_\_\_\_\_

Quantity: \_\_\_\_\_

Time to dispense: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Medication #3**

Medication Name: \_\_\_\_\_

Quantity: \_\_\_\_\_

Time to dispense: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

**Medication #4**

Medication Name: \_\_\_\_\_

Quantity: \_\_\_\_\_

Time to dispense: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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