

Medical Release



I/we hereby give permission for any and all medical and/or dental attention to be administered to my/our child in the event of accident, injury, sickness, etc., under the direction of the bearer of this letter, until such time as we may be contacted. I/we also assume the responsibility for the payment of any such treatment.

FIRST MEDICAL CENTER PREFERENCE:

MEDICAL CONDITIONS:

KNOWN ALLERGIES:

MEDICATIONS:

(Please Print Parent's/Guardian's Full name) (Please Print Parent's/Guardian's Full name)

(Please SIGN Parent's/Guardian's Full name) (Please SIGN Parent's/Guardian's Full name)

Evening Contact Number 1 st Alternate Number 2 nd Alternate Number



Photo / Video Release



I/we hereby grant permission to the Penguin Project to use any photographs/video recordings in publications without further consideration, and I/we acknowledge the Project's

right to crop or treat the photographs/video recordings at its discretion. I/we also acknowledge that the project may choose not to use any photos/video recordings at this time, but may do so at its own discretion at a later date.

(Please Print Parent's/Guardian's Full name) (Please Print Parent's/Guardian's Full name)

(Please SIGN Parent's/Guardian's Full name) (Please SIGN Parent's/Guardian's Full name)

