

Evolution Permission Form 2006/2007

I/We give my/our permission to _____ to participate in Evolution and the organizations functions. This includes practices, competitions, parades, fun activities, etc.

This also includes traveling both in Wisconsin and to other states.

Parents Signature

Date

Parents Signature

On occasion my child _____ may ask for aspirin, Tylenol or Ibuprofen. Evolution as a rule only administers Ibuprofen. I give permission for my child to receive Ibuprofen when needed, every four hours. Normal dosage I give is _____ tablets.

Parents Signature

Date

Parents Signature

(childs name)

I give my permission to Evolution in the onset of a headache, toothache, etc., to administer a non-prescription pain reliever to your child (Tylenol, Aspirin, Ibuprofen)

Are there any Allergies to any of these?

Parents Signature

Date

Parents Signature