

EVENT/FIELD TRIP PERMISSION SLIP

Event Date: Time	Duration:
Event:	
Destination:	
Parent/Legal Guardian Contact Phone:(day of event)	
I grant permission for my minor child,attend the above referenced event/field trip with the	
AUTHORIZATION FOR MEDICAL TREATMENT: In case of an emergency, I hereby grant permission for the staff of Miami Valley Young Marines to treat or seek medical assistance for my child. I fully understand that all expenses arising from any administered treatment is my financial responsibility.	
PRESCRIPTION/OVER THE COUNTER MEDICATION consumes is on file with the Miami Valley Young Marin permission for any staff member to administer medical provided in writing. If not provided, it is my responsible hours prior to this event.	nes Medical Officer. Furthermore, I grant tion to my child per the instructions previously
INDEMNIFICATION: I hereby acknowledge that in order for my child to participate in this event, I agree to indemnify and hold harmless the Miami Valley Young Marines charter, the national Young Marines Organization, the Marine Corps League, any staff member, parent volunteer, or individual associated with this event. I furthermore agree to release these entities from any liability, claims of any type, costs, lawsuit or expenses resulting in the injury, harm or death of my child arising from his/her participation in the above mentioned event.	
TRANSPORTATION WAIVER: In circumstances when my child to a Miami Valley Young Marines approved exparty, to pursue financial compensation or be held liab while he/she is being transported to or from a Young I	vent, I waive my rights, and those of another le for the injury, harm or death of my child
Parent/Legal Guardian:	Date:
Staff Initials/Receipt:	Date: