

RESURRECTED ORDER of BUFFALO SOLDIERS

R.O.O.B.S.

Permission Slip

Fort Daddese

THIS FORM MUST BE PRESENTED TO THE UNIT LEADER PRIOR TO THE BEGINNING OF THE ACTIVITY AND MUST BE MADE AVAILABLE TO THE EMERGENCY MEDICAL PERSONNEL AND/OR HOSPITAL.

Activity: Destination: _____

Start Time/Date/Location: _____

Transportation: _____

End Time/Date/Location: _____

Leader(s) in charge of Activity: _____

Emergency Contact during Activity: _____

Please retain this portion for leader contact information during the event

Event: _____ Date: _____

Participant: _____

List any medication needed during this period (type/time/amount/etc.): _____

The above named participant has permission to take part in the described activities, or the above name adult participant is taking part in the described activities. I am familiar with the mode of transportation, the leadership in charge, and other circumstances of the activity. In the case that pre-arranged transportation has been made, please specify below:

Driver: _____ Year/Make/Model: _____ Dates: _____

I certify that the participant is in good health and can participate in the activities. I understand that all reasonable measures will be taken to safeguard the health and the safety of the participant and that the PARENTS, EMERGENCY CONTACT or ALTERNATE EMERGENCY CONTACT will be notified as soon as possible in case of an emergency.

If the PARENTS, EMERGENCY CONTACT or ALTERNATE EMERGENCY CONTACT person(s) specified on the general emergency form cannot be notified, I hereby give my permission to the Emergency Medical Personnel, Physician, Surgeon, and Hospital selected by the Unit Leader(s) to provide whatever emergency medical or surgical treatment is deemed necessary in the case of a medical and/or surgical emergency of the participant.

In the event of sickness or accident, I will not hold the Unit, Unit Leaders, or the Resurrected Order of Buffalo Soldiers (local or national) responsible.

SIGNATURE _____ DATE _____
(Parent/Legal Guardian)

Name/Phone Number(s) to call in case of an emergency: (Name/home#) _____

(Name/cell #1) _____

(Name/cell #2) _____