LOUISIANA JUNIOR CLASSICAL LEAGUE CONVENTION PERMISSION AND MEDICAL FORM

Please fill out **all** information on this form.

PARENTAL PERMISSION and HOLD HARMLESS:			
I, the undersigned parent/guardian of	give my permission fo		
him/her to attend the LJCL Convention in Baton Rouge, LA			
the Louisiana Junior Classical League, Amy Waters, Rob	Gilchrist, Holiday Inn-South Baton Rouge, and		
Broadmoor High school harmless from, and release all from liability, claims, or causes of action for an injury suffered by the above named child while at this convention. I further release the above partie from liability for loss or damage to personal belongings. I grant permission to seek emergency medicates.			
		treatment for the aforementioned child in case of acciden	t or injury. I realize that my son/daughter may
		be sent home at the family's expense should s/he fail to o	comply with any of the major rules of behavio
established in the LJCL Handbook. The teacher is respons	ble for reviewing these rules with the students		
planning to attend the convention.			
Parent/Guardian Signature			
MEDICAL INFORMATION:			
Date of child's last tetanus shot:			
Drug allergies of child:			
Medications and/or medical concerns of child:			
Insurance Company Name:			
Insurance Policy Number:			
Emergency Contact Number:			
I have listed all pertinent facts dealing with my child's medical h which my child is taking.			
Parent/Guardian Signature Print Name	e of Parent/Guardian		
PARENTAL PERMISSION TO PARTICIPATE IN ALL ATHLETIC EVE	<u>NTS</u> :		
is physically fit and ha	as my permission to participate in Olympika events		
held at the LJCL Convention.			
Parent/Guardian Signature			