

## 2024 TAG Annual Permission- Release Form

Adult Name \_\_\_\_\_ Adult Email Address \_\_\_\_\_

Primary Phone # of Parent or Adult Guardian (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City and Zip \_\_\_\_\_

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

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Signature of natural parent of legal guardian \_\_\_\_\_ Date \_\_\_\_\_

Alternate Emergency Contact Name and Relationship \_\_\_\_\_

Alternate Emergency Phone Number# \_\_\_\_\_

### MEDICAL INFORMATION

Allergies \_\_\_\_\_

Medications being taken \_\_\_\_\_

Physical handicaps or limitations \_\_\_\_\_

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Policy Number \_\_\_\_\_

Member's Name \_\_\_\_\_

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Physical handicaps or limitations \_\_\_\_\_

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