

## Permission Slip To Six Flags Over Texas

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent's Cell \_\_\_\_\_

Name and phone number of person to be contacted in case of emergency

\_\_\_\_\_

Medical Insurance Company and Number \_\_\_\_\_

Special Health Concerns \_\_\_\_\_

\_\_\_\_\_

Medication to be taken on the trip \_\_\_\_\_

*The undersigned parent or guardian of \_\_\_\_\_ authorizes one of the chaperones to obtain medical care for him/her in the event such care is necessary. If possible, the parent(s) or guardian of the named individual will be contacted in the event of an emergency. Permission is hereby granted to the licensed physician or accredited hospital and their associates to perform any medical and/or surgical procedures that are deemed essential to the treatment of the above named individual.*

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_