



Medical Release Form for Minors

_____ (Print name) has permission to attend the Colorado Blue Wave Martial Arts (hereafter COBWAMA) event Rockies Kick in Allenspark, Colorado from October 7th through the 9th 2011.

I give COBWAMA, or their representative, permission to transport my child to and from the activities and release them from any liability should they be injured. YES___ NO___

I authorize COBWAMA, or their representative, to give my child aspirin or ibuprofen, as they deem necessary for the relief of pain while my child is in their care. YES___ NO___

In case of medical emergency, I authorize COBWAMA, or their representative, to secure any medical treatment necessary for my child. NOTE: We require this authorization in order to have children attend COBWAMA events – unless parents are in attendance at the event. YES___ NO___

NOTE: Please put any medications that your child will need in the original prescription bottle with dosage instructions. There will be a responsible adult for the retreat center and the cabin to make sure children take their medications as prescribed (or parents attending will be responsible).

My child has the following medical conditions/allergies (include meds taken):

Additional special instructions:

Parent (guardian) name

Signature_____ Date _____