



Parental Permission Form

I _____, parent/guardian of _____,
a minor child, understand that in accordance with the Health and Wellness Physical standards of the Carroll County
Volunteer Emergency Services Association, certain medical testing is required. I as parent/guardian of
_____ grant permission for the following testing and treatment concerning the minor child:

Fire Department Physical	Yes	No
Blood Draw Analysis	Yes	No
Urine Analysis	Yes	No
Immunizations as needed	Yes	No
X-Ray	Yes	No
Other _____	Yes	No

I further consent to the disclosure to the Carroll County Volunteer Emergency Services Association of any doctor's
opinions concerning fitness and testing results concerning the testing and treatment consented to above. This
authorization for the disclosure of medical information is valid for a period of six months from the date of execution of
this document.

Parent/Guardian _____
Print

Sign

Date

Mailing Address _____

Telephone Number _____

Emergency Contact Number _____