



The Marching Elites Drill Team Association

A 501 (c)(3) Non-Profit Organization
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www.marchingelites.org



MEDICAL AUTHORIZATION/MEDICATION REQUEST FORM

PLEASE COMPLETE THE FOLLOWING INFORMATION NECESSARY IN ORDER FOR THE "MEA" TO PROVIDE MEDICAL ATTENTION TO YOUR CHILD

Name: _____ Team: _____

Age: _____ Height _____ Weight _____

Current Health Problems: _____

Allergies: _____

Current Medications

| Type | Dosage | Strength | Time Required |
|----------|--------|----------|---------------|
| 1) _____ | | | |
| 2) _____ | | | |
| 3) _____ | | | |

Example:

Tylenol 80mg/5ml 1tsp Lunchtime X 4 Months

Does "Mea" Have Permission To Administer Medication And/Or Treatment Necessary To You Child In The Case We Are Unable To Contact You? Yes No

PLEASE LIST ANY EXCEPTIONS: _____

Does Your Child Have Insurance? Yes No

Insurance Company: _____ Policy # _____

Physician: _____ Ph# _____

Address: _____

I/We, the undersigned, do hereby authorize that "MEA" can give certified medical facilities the authority to render necessary medical services to my/our child which may result directly or indirectly from participation in trips, programs, events, or any activities involving the Marching Elites Association. I understand that I, the undersigned, will be responsible to such charges incurred from medical facilities, doctors, ambulance services and any other treatment render for the care of my child.

(Print) Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____ Ph# _____

Witness: _____ Date: _____

There's no limit to what We as a Team Can Achieve!!!