

**Monterey County Children's Behavioral Health
Permission for Outings/Medical Treatment**

Child's Name (and contact information if different from parent/guardian):		
Parent/Guardian Name:		
Home Address:		
Home phone:	Work phone:	Cell phone:

Therapist's Name:	Phone:
Primary Care Physician:	Phone:
Insurance Carrier:	Policy Number:

Current Medications:
Allergies or other health concerns:

Emergency Contact (other than parent/guardian):	Phone:
-------------------------------------------------	--------

I give permission for my son/daughter to participate in Monterey County Children's Behavioral Health outings.

I authorize Monterey County Behavioral Health staff to seek emergency medical treatment for my child in the event my child is injured or in need of medical attention and **I cannot be reached.**

Parent/Guardian: _____ Date: _____