

Parent Consent Form

(please print)

First Name _____ Last Name _____

Age ____ Date of Birth ____/____/____

Home Address _____ Home Phone (____) _____

City _____ State _____ Zip Code _____

Parents cell (____) _____ Parents work (____) _____

School _____ Current Grade Level _____

To whom it may concern:

The undersigned does hereby give permission for my child _____, to attend and participate in _____ activities sponsored by the _____ on _____.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under general or special supervision and on the advise of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital,

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to the authorization.

Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the _____.

I consent to the use of my child's image or voice in photographs, audio and/or video recordings taken during the course of the event for the purpose of promoting _____

Insurance yes no

Insurance Company _____

Policy Number _____

Allergies _____

Emergency numbers (____) _____

Participant signature

Father Signature

Mother Signature