

**Consent to Participate**

Name of Participant \_\_\_\_\_ Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

Parent or Guardian Name \_\_\_\_\_ Business Phone \_\_\_\_\_

**CONSENT**

I give my consent for \_\_\_\_\_ to attend \_\_\_\_\_  
Student's Name Activity

on \_\_\_\_\_.  
Date

Allergies (medication, food, insect bites): \_\_\_\_\_

Medications student is taking, any other medical conditions to be aware of: \_\_\_\_\_

I also authorize personnel of the school supervising the activity programs involved to administer emergency treatment for any accident or illness and to act in my stead in providing any medical or dental care. This authorization shall cover any travel to and from the specified activities, as well as the entire period of the activity.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date