

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