

PARENTAL PERMISSION FORM

_____ has my permission to participate in the
(Please clearly print name of child)

_____ club's
(Please clearly print name of club)

(Regular meeting or activity. If activity please state specific activity.)

Date of regular meeting and/or club activity _____

Parent responsible for my child is:

(Please clearly print name of person who is assuming responsibility of child)

During the activity I may be reached at:

Address _____

Best phone number I can be reached at: _____

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name _____ Phone _____

Relationship to child _____

Physician's name _____ Phone _____

Other comments _____

Signature of parent/legal guardian _____

In my absence I hereby give permission for the child named above to receive emergency medical treatment.

Signature of adult assuming responsibility:

I hereby assume responsibility for the above-named child during the stated activity.