

PARENTAL CONSENT FORM

Parent/Legal Guardian Information:

Full Name: _____
Relationship to Child: _____
Address: _____
Phone Number: _____
Email: _____

Child's Information:

Full Name: _____
Date of Birth: _____
Address (if different): _____
Phone Number (if applicable): _____

Consent Purpose:

- ☐ Medical Treatment
- ☐ School/Field Trip Activity
- ☐ Travel with Another Adult
- ☐ Temporary Guardianship
- ☐ Other: _____

I, **[Parent/Guardian's Full Name]**, hereby give my full consent for my child, **[Child's Full Name]**, to participate in the activity or receive the services as outlined above. I understand the nature of the activity or treatment and acknowledge that reasonable precautions will be taken to ensure the safety and well-being of my child.

Authorized Individual (if applicable):

I further authorize the following adult to act on my behalf in case of emergency or to accompany my child during the above-listed activity or time period:

Full Name: _____
Relationship to Child: _____
Phone Number: _____
Email: _____

Medical Information:

Doctor's Name: _____

Phone: _____

Known Allergies: _____

Current Medications: _____

Medical Conditions: _____

Insurance Company: _____

Policy Number: _____

Consent Valid From: _____ to _____

(Or indicate if this is for a specific date/event.)

Parent/Guardian Signature:

Signature: _____

Printed Name: _____

Date: _____

Notary Section (Recommended for Official Use):

State of _____

County of _____

Sworn to and subscribed before me this ____ day of _____, **20**, by

_____.

Notary Public Signature: _____

Printed Name: _____

My Commission Expires: _____

[Seal]