

PARENTAL PERMISSION FORM
For youth of driving age

Please print clearly puppy raiser's name

Date of birth

Please print clearly name of club and county

My child possesses a valid driver's license and hereby has my permission to drive to and from club meetings and activities. I will not hold The Seeing Eye, club leaders or coordinators liable or responsible for my child. In my absence I hereby give permission for the child named above to receive emergency medical treatment.

Print parent/guardian name

Signature of parent/guardian

Date

During the meeting and/or activity I may be reached at:

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 _____

Signature _____

Relationship to child _____

Physician's name _____ Phone _____

Other comments _____

Signature of parent/legal guardian _____