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 responsibili	ty:
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	

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

Draft 7/10/09 kmd