

Parental Consent Form

Nonprofit Youth Program

Program Name

Program Date(s)

Youth Participant Information

Full Name

Date of Birth

Address

City

State

Zip Code

Parent/Guardian Information

Full Name

Relationship to Participant

Phone Number

Email Address

Emergency Contact

Name

Phone Number

Relationship

Medical Information

Allergies or Medical Conditions

Medications Currently Taking

Physician Name and Phone

Consent and Authorization

☐

I give permission for my child to participate in this program.

☐

I authorize emergency medical treatment if necessary.

Parent/Guardian Signature

Date