

After-School Program Parent Consent Form

Student Information

Full Name

Grade

Date of Birth

Parent/Guardian Information

Full Name

Phone Number

Email Address

Emergency Contact

Contact Name

Relationship

Phone Number

Medical Information

Allergies/Medical Conditions

Consent and Permissions

☐ I give permission for my child to participate in the after-school program

☐ I authorize emergency medical treatment for my child if necessary

☐ I consent to the use of photos/videos of my child for program purposes

Parent/Guardian Signature

Date