

Parental Consent Form for Child's Medical Treatment During Events

Child Information

Full Name

Date of Birth

Address

Parent/Guardian Information

Full Name

Relationship to Child

Phone Number

Email Address

Medical Information

Allergies/Medical Conditions

Medications

Doctor's Name and Contact

Health Insurance Provider & Policy Number

Consent

I give permission for my child to receive emergency medical treatment during the event(s).

Additional Notes or Instructions

Parent/Guardian Signature

Date