

Parental Consent Form for High-Altitude Training Trips

Participant Information

Child's Full Name

Date of Birth

Home Address

Parent/Guardian Information

Parent/Guardian Full Name

Contact Number

Email Address

Emergency Contact

Emergency Contact Name

Relationship to Child

Emergency Contact Number

Medical Information

Medical Conditions/Allergies

Current Medications

Consent

I, the undersigned parent or guardian, hereby give permission for my child to participate in high-altitude training trips organized by the school/club. I confirm that I have disclosed all relevant medical information and emergency contacts above. I understand the nature of the activity, its risks, and authorize qualified personnel to provide necessary medical treatment in case of emergency.

Parent/Guardian Signature

Date