

PARENTAL CONSENT FORM
PNMC Annual Meeting, Friday June 20 - Saturday, June 22, 2014

Complete one form for each Child/Youth

Full Name of Child / Youth:

Age: _____ Birth date: _____ / _____ / _____

Address:

I, _____ (Parent/Guardian name) grant permission for my child to participate in the activities at the PNMC Annual Meeting. I understand that all reasonable safety precautions will be taken by the leaders of these activities, and that the possibility of an unforeseen hazard exists. I further agree not to hold PNMC, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the child listed on this form. I specifically give permission for my child to ride in vehicles designated by the adults in charge of these activities. My child is to be excluded from the following activities:

I understand that my child is to follow all reasonable instructions given by those leaders, employees, or volunteer staff in charge of these activities. In the event of an emergency, please accept this consent form as the authorization to provide necessary medical care to my child if I am not available to do so. I agree to pay all costs incurred for such medical and dental services rendered my child.

Phone Numbers:

Home: (_____) _____ Work: (_____) _____ Cell: (_____) _____

Insurance Information: Company:

Insured: _____ Birth Date: _____ / _____ / _____

Group #: _____ Policy / Id #: _____

Medical Conditions (allergies, medications, behavioral needs/issues, etc)

In case you cannot be contacted, please supply emergency contact:

Name: _____ Phone: (_____) _____ Relationship: _____

Parent/Guardian Signature: _____ Date: _____ / _____ / _____

Parent/Guardian Signature: _____ Date: _____ / _____ / _____