



**PARENTAL/GUARDIAN PERMISSION FORM**

Activity/Event: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Child's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/ Guardian's Name: \_\_\_\_\_

Emergency Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ or (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I hereby give my permission for my child, named above, to attend the activity/event listed above sponsored by Save the Kids on the date(s) listed above. I authorize any of the Volunteers/Mentors/Staff of Save the Kids to act on my behalf in any emergency situation including those requiring medical attention.

Parent/ Guardian Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

STK Mentors' Names: \_\_\_\_\_ Signature: \_\_\_\_\_

STK Mentors' Names: \_\_\_\_\_ Signature: \_\_\_\_\_

**Emergency Medical Information**

Doctor's name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Allergies: \_\_\_\_\_

Current medications: \_\_\_\_\_

Previous/ Current Medical Conditions: \_\_\_\_\_

Other information: \_\_\_\_\_

**Insurance information:**

Company: \_\_\_\_\_

Policy number: \_\_\_\_\_

Phone number: \_\_\_\_\_