

Parental Authorization for Off-Site Events

Form D

Written permission is required for all off-site activities for children/youth. This form will be carried with the adult supervisor on each trip.

I, \_\_\_\_\_, am the parent/legal guardian of  
Name of Parent or Guardian

\_\_\_\_\_, and consent to their attendance at  
Child's Name

\_\_\_\_\_ on \_\_\_\_\_  
Event Date and Times of Event

My child may be driven by an insured adult and will be restrained while in the vehicle by a seat belt. I authorize emergency treatment as necessary in the event that I cannot be contacted immediately, should the need arise. If my child misbehaves, I authorize the adult supervisor to contact me, and I will pick up my child from the activity. Adult Supervisors cannot give medications or medical treatment, other than that which may be deemed necessary in an emergency, and will not be held liable.

Emergency Phone Number \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Number \_\_\_\_\_

Health Insurance Provider \_\_\_\_\_

Policy/Group Identification Number \_\_\_\_\_

Known Allergies and Physical Restrictions:

Parental Restrictions:

Signature \_\_\_\_\_ Date \_\_\_\_\_