

# PARENTAL CONSENT FORM

To: City/District of \_\_\_\_\_ (the "City")

Re.: \_\_\_\_\_ (the "Program")  
(Insert name of program)

Date(s) of Program: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I consent to my child's participation in the Program. I am aware that there are risks associated with participation in the Program, including the risk of injury, and I consent to my child's participation in spite of such risks.

I acknowledge that it is my responsibility to advise the City of any medical or other conditions which may affect my child's participation in the Program and have listed them below:

**Medical Conditions** (eg. asthma) \_\_\_\_\_

**Medications** \_\_\_\_\_

**Allergies** (food, medications, bees, etc.) \_\_\_\_\_

**Other** \_\_\_\_\_

In the event that my child requires medical attention, I consent to my child being transported to the nearest emergency centre, including by ambulance if necessary.

I have read this Consent Form and understand and accept its terms.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Witness' Signature

\_\_\_\_\_  
Parent's Name (please print)

\_\_\_\_\_  
Witness Name (please print)

\_\_\_\_\_  
Date

## Emergency Contact Information

Alternate contact:

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Cellular Phone

\_\_\_\_\_  
Cellular phone