

Terence Ryan
Director

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Parent Consent Form

**This form is to be completed and signed by the child's parent or legal guardian.
Please return immediately or participation will be denied!**

I, _____, parent/legal guardian of
_____, give permission for my child to participate
in an off campus trip to the location described below:

Location:

Date:

Mode of Transportation:

In the event of an emergency, please contact individuals listed below:

Name _____

Telephone numbers _____ on _____ (hours/days)

_____ on _____ (hours/days)

Alternate emergency contact:

Name _____

Telephone numbers _____ on _____ (hours/days)

_____ on _____ (hours/days)

Specific medical needs, if any:

Name, address, phone of primary medical provider:

In the event that I cannot be reached in an emergency, I hereby grant my permission that emergency medical treatment be acquired, and I understand I will be responsible for any expense associated with this treatment.

I have read and hereby certify that the above information is correct to the best of my knowledge and, further, that I recognize the risks that may be involved.

Signature _____ Date _____

**Please return this form immediately
or your child will NOT be able to participate in any off campus trips!**