

Parental Consent Form/Liability Release

Child's Name _____

Address _____

City _____ **State** _____ **Zip Code** _____

Parent's Cell Phone#:() _____ **Work Phone #:()** _____

Emergency Contact Name: _____ **Emergency Contact #:()** _____

As parent/guardian of _____, I hereby give my permission for my child or ward to attend and participate in the activities sponsored by Pillsbury United Communities. I do hereby hold harmless Pillsbury United Communities, its Directors, Officers, Employees, Volunteers, or Agents of said organization, for any bodily injury, illness or disease, or for loss or damage to any property or appliance of said child or ward. I assume the risk and financial responsibility for any injury or liability resulting from his/her participation. In case of a medical emergency, I understand every reasonable effort will be made to contact me. In the event I cannot be reached, I hereby give permission to secure proper treatment for, and order injection or anesthesia or surgery for my child or ward as named above. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to him/her. The undersigned does also hereby give permission for said child or ward to ride in any vehicle designated by the staff of Pillsbury United Communities while attending or participating in activities sponsored by Pillsbury United Communities. I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of said child or ward while participating in activities sponsored by Pillsbury United Communities to be used, distributed, or shown as Pillsbury Unitec Communities sees fit.

Student Signature: _____

Print Student Name: _____ **Date:** _____

Parent/Guardian Signature _____

Print Parent/Guardian Name _____ **Date** _____

Please complete and sign the reverse side of this form.

Medical Form

Name _____

Birthdate _____

Insurance Information

Does the child have medical insurance?

No Yes

Insurance Company: _____

Insurance Policy #: _____

Parent or Guardian Signature: _____

Date: _____