



Parental Consent and Emergency Contact Information

I give my permission for _____ (the "participant")

To take part in _____

I certify that, to the best of my knowledge, the participant is in good physical condition, and know of no physical disorder which should keep him or her from participating in the event/project. I hereby release The Health Trust from any and all liability arising from the participants participating in the event/project. This consent includes permission for release of photographs and/or videos for The Health Trust purposes.

If the participant should become injured while participating in the activity listed above, I authorize any physician licensed in the state of California to perform any emergency or surgical treatment as in his/her judgment may be necessary.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Telephone number where you can be reached: (____) _____

If you can't be reached, who else can we call?

Name: _____ Relationship: _____

Telephone number: _____

Physician's name: _____

Telephone number: _____

Health Insurance Company: _____

Policy number: _____

Participant Information

Student Name: _____

Address: _____

Telephone number: _____

IF YOU HAVE ANY QUESTIONS REGARDING THE PROJECT, PLEASE CALL COMMUNITY PARTNERSHIPS AT 408-961-9899