

## IMPACT PROGRAM PERMISSION FORM

**Student Information:**

Print Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Parental Information:**

Print Name of Parent or Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Telephone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

I hereby give my permission for my child, named above, to attend the program and its related events. I authorize any of the Impact staff to act on my behalf in any emergency situation including those requiring medical attention.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

By signing this form, I declare that I am the legal parent/guardian of the minor child listed above and authorized to grant such permission.

**IN CASE OF EMERGENCY:**

I/We make every effort to provide a safe and secure environment for your child during our program and related events. In order to better to protect the safety and health of your child, I/we request that you provide the following information:

In case of an emergency, I/We will contact the parent listed above. I/We request that the parent provide another contact (not living at the same address) who is authorized by the parent to act on his/her behalf should the parent not be available.

Emergency contact: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Relationship to Parent/Student: \_\_\_\_\_

If I cannot be reached in the event of an emergency, the following person is authorized to act in my behalf:

Name and Address \_\_\_\_\_

Relation to participant \_\_\_\_\_ Phone \_\_\_\_\_

Additional Remarks \_\_\_\_\_

Please list any health conditions, allergies or diet/mental/physical restrictions that your child may have and medications that he/she may be using to treat this condition. Indicate if the child has your permission to take such medication while attending the event. You may also include the name of the hospital or doctor of your choice and their phone numbers.

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**Travel Arrangements**

If you have made arrangements to have a person other than yourself provide transportation to and from the program/event, please indicate the name and phone number of such person.

1. Name and Address \_\_\_\_\_

Relation to participant \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

2. Name and Address \_\_\_\_\_

Relation to participant \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

3. Name and Address \_\_\_\_\_

Relation to participant \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
(Parent's Signature) (Date)