

Permission Form for Minors

Full Name of Child: _____

Cell Phone Number (if applicable) (_____) _____

Parent/Guardian _____

Home Phone (_____) _____

Cell Phone (_____) _____

Work Phone (_____) _____

Email _____

Parent/Guardian _____

Home Phone (_____) _____

Cell Phone (_____) _____

Work Phone (_____) _____

Email _____

Emergency Contacts

Name _____

Relationship _____

Home Phone (_____) _____

Cell Phone (_____) _____

Work Phone (_____) _____

Email _____

Name _____

Relationship _____

Home Phone (_____) _____

Cell Phone (_____) _____

Work Phone (_____) _____

Email _____

The child may NOT be released to the following individuals:

Name _____

Relationship _____

Phone (_____) _____

Name _____

Relationship _____

Phone (_____) _____

Please provide all information in relation to the care of the participant that would be useful to those in charge. Also indicate any activities to be encouraged or restricted. _____

The above information is correct to the best of my knowledge, and my child has my permission to engage in all activities, except as noted. **I hereby authorize Walk to Heal Children, through persons caring for my child, to order emergency X-rays, anesthetic, medical or surgical diagnosis or treatment and hospital care as deemed advisable by a licensed physician. It is understood that every reasonable effort will be made to contact me or the person noted above before taking this action. I understand that this permission is given in advance of need for any diagnosis, treatment, or hospitalization.** This authorization shall remain effective until the end of the event.

I agree to inform the coordinators of Walk to Heal Children of any changes in the above information. For example, if my child later develops an allergy or contagious disease or is no longer allowed to participate in a particular activity, the parent or individual must inform the coordinators to ensure the safety of both the individuals and those around him/her.

Date _____ Signature of parent/guardian _____