

Parent Consent Form Crown Point Ecology Center

Name of Child: _____ Birth Date: _____

Sex: ___ Parent or Guardian: _____

Address: _____ State: _____ Zip: _____

Phone (work): _____ Phone (home): _____ Phone (cell): _____

Secondary emergency Contact: _____ Phone(day): _____

Name of parent carrying Health Insurance: _____

S.S. #: _____ Insurance Company: _____

Policy and/or Group Number: _____

Allergies (bee stings, wool, hay fever, asthma, food, etc...): _____

Physical Limitation (if any): _____

Current Medication (if any): _____

I do hereby grant my permission for the above named child to participate in the Youth Programs at Crown Point Ecology Center in 2005. I assume all risks in connection with the program and release the staff at Crown Point, the Sisters of St. Dominic and all volunteers thereof from all liability.

Furthermore, I hereby give permission to the medical personnel selected by Crown Point Ecology to order x-rays, routine tests and necessary transportation for my child. In the event I cannot be reached in an emergency I hereby give permission to the physician selected by Crown Point Ecology Staff to secure and administer treatment including hospitalization for my child as named above.

Signature of Parent/Guardian

Date

I give permission for photos of my child to be used in program promotion.

Signature of Parent/Guardian

Date