

PARENTAL CONSENT FORM FOR YOUTH SYMPOSIUM ACTIVITIES

Sigma Gamma Rho Sorority, Inc. – Alpha Eta Sigma Chapter

The purpose of this form is to give your permission for your child to participate in Youth Symposium activities and to grant your permission to Sigma Gamma Rho Sorority, Inc. and to those who will supervise these activities, to provide first aid and emergency medical or dental treatment for your child when and if the need arises. The signature of a parent (or legal guardian, custodian, or legally appointed caregiver for the child) is required.

Parental Consent

By signing this form, you give your permission for your child to participate in Youth Symposium activities on March 12, 2011.

By signing this form, you authorize Sigma Gamma Rho to consent on your behalf to any necessary medical or dental treatment for your child while participating in a Youth Symposium activity, until you can be contacted or be present to assume that responsibility.

By signing this form, you also agree to release, defend, hold harmless and indemnify Sigma Gamma Rho from and against any legal actions and/or liability which may result from the accidental injury of your child in relation to the exercise of the authority you give to Sigma Gamma Rho herein.

This authorization shall remain in force while your child is involved or participating in any Youth Symposium activity, unless revoked by you in writing. You understand that this permission is given to advance of any specific medical or dental care being required, but is given to provide Sigma Gamma Rho with the authority necessary to provide immediate first aid and to give specific consent to any and all medical and/or dental care which your doctor or such medical and dental personnel may deem advisable. We have used the term Sigma Gamma Rho to include Sigma Gamma Rho Sorority, Inc., its respective members, and adult volunteers.

Emergency Medical Information

Child's Name _____ Birthday _____

Address _____ City _____ State _____ Zip _____

Mother's Name _____ Phones: Home _____ Other _____

Address (if different) _____ City _____ State _____ Zip _____

Father's Name _____ Phones: Home _____ Other _____

Address (if different) _____ City _____ State _____ Zip _____

If parents are unavailable, please contact:

Name _____ Phones: Home _____ Other _____

Name _____ Phones: Home _____ Other _____

Child's Physician _____ Phone _____

Health Insurance _____ Policy # _____

Date of last tetanus shot _____ Allergies/Medications/Health Concerns _____

PARENT SIGNATURE(S) _____ **DATE** _____