



Parent Consent
(Return this form with your registration)

Participant's Name: _____ DATE: _____

EMERGENCY CONTACT PERSON (on day of program): _____

EMERGENCY CONTACT PHONE # (on day of program): _____

Parent/Guardian Consent Section

I hereby request and consent that my child or ward, _____,
(Participant's Name)

be permitted to attend and participate in Cape Assist's IMPACT Program. I understand the following:

I agree that no official or employee associated with the program will be held responsible for any injuries or damages occurring while my child is participating in the program. I do hereby hold harmless the sponsoring agencies, their officials, divisions and agents against any and all liability, damage, loss, claims or demands which arise out of or are in any way connected with my child or ward's participation in the program.

Parent(s)/Guardian Signature: _____ Date: _____

Parent(s)/Guardian Name (Printed): _____

Medical Consent

I hereby authorize appropriately trained medical personnel, to administer first-aid treatment to the Participant, if necessary. In the event that the Participant suffers a serious injury or illness, I understand that the Program staff will notify me as soon as possible to obtain my approval for treatment.

In the event that efforts to contact me or my designees are unsuccessful or are not possible during emergency circumstances, I hereby authorize the attending physician to administer any treatment, including surgery, which he or she deems necessary. I understand that I will, in any event, be contacted as soon as possible.

Parent(s)/Guardian Signature: _____ Date: _____

Parent(s)/Guardian Name (Printed): _____

Does the participant have any medical concerns and/or allergies that we need to be made aware of?
YES NO If yes please list:

