

# Overnight Parental Consent Form

I, the undersigned hereby give parental consent for my child \_\_\_\_\_,

in Mr./Ms \_\_\_\_\_ class to participate in the "Crossroads & Conflict"

Environmental Living Program at Fort Vancouver NHS on (dates of program)

\_\_\_\_\_, 2009.

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

\_\_\_\_\_

## Medical Information

This information is being collected to ensure your child will be as safe as reasonable precautions will allow. This information will remain confidential and is for internal administrative use only.

**Please be advised that Fort Vancouver personnel are not authorized to and will not administer any medications to participants. All National Park Service staff participants are CPR/AED and First Aid certified.**

## Participants

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

## Parent/Guardian's

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

Address \_\_\_\_\_

Cell: \_\_\_\_\_ Contact

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

Doctor's Name: \_\_\_\_\_ Doctor's

phone: \_\_\_\_\_

Does your child have allergies? YES NO

If yes, please specify:

\_\_\_\_\_

Is your child allowed to participate in full physical activity? YES NO

If no, please specify: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

Alternative Emergency Contact:

\_\_\_\_\_

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

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