Parental consent form

Parental Consent Form

Please complete this form to give permission for the minor participant identified below to take part in the activity, program, class, event, trip, or other organized experience described in this form.

Please provide accurate and current information about the participant, emergency contacts, relevant health needs, and any restrictions that the organizer should know about.

Participation

By signing this form, the parent or legal guardian gives permission for the minor participant to take part in the activity or program identified below, subject to any limitations or restrictions included in this form.

Activities may include age-appropriate instruction, games, recreation, group activities, workshops, exercise, outings, or other activities ordinarily associated with the identified program.

Higher-risk activities, overnight trips, transportation, water activities, adventure activities, contact sports, or other activities involving materially different risks may require additional information or a separate activity-specific consent or waiver.

Health & safety information

The parent or guardian is responsible for providing information about allergies, medical conditions, medications, injuries, disabilities, accessibility needs, behavioral or sensory considerations, or other circumstances that may reasonably affect the participant's health, safety, or ability to participate.

The organizer may reasonably modify or restrict participation if an activity is unsuitable for the participant based on information provided, an observed health or safety concern, or applicable program rules.

Parents and guardians should notify the organizer if important medical, allergy, medication, contact, pickup, or other relevant information changes.

Emergency medical care

If the participant becomes ill or injured, the organizer will make reasonable efforts to contact a parent or legal guardian using the information provided.

If a parent or guardian cannot be reached and urgent care is reasonably necessary, the medical authorization selected below determines whether authorized representatives may provide reasonable first aid, contact emergency medical services, and arrange appropriate emergency evaluation or treatment.

The organizer does not guarantee the availability or outcome of medical care. Responsibility for medical, ambulance, hospital, medication, or other healthcare expenses remains with the parent, guardian, participant, or responsible party to the extent permitted by law.

Medication

If the participant needs medication during the program, the parent or guardian should follow the organizer's medication policy. Additional written instructions or medication authorization may be required.

This general consent form does not automatically authorize staff or volunteers to administer prescription or non-prescription medication unless that permission is specifically provided according to the organizer's procedures and applicable requirements.

Pickup & release of the participant

Where the program uses supervised check-in and pickup, the participant should be released only according to the organizer's procedures and the authorization provided below.

The organizer may request identification before releasing a minor to an authorized adult. Parents or guardians should promptly communicate changes to pickup arrangements or relevant custody and safety restrictions.

Behavior & program rules

The participant is expected to follow reasonable program rules, safety instructions, staff directions, and standards of respectful behavior.

The organizer may contact the parent or guardian, restrict participation, or require early pickup if behavior creates a significant safety concern, seriously disrupts the program, or repeatedly violates reasonable program rules.

Photography & media

Photography and video permission is separate from permission to participate. The parent or guardian may choose below whether the participant may intentionally appear in photographs or recordings used by the organization.

Minor participant information

Participant full name *

Participant date of birth *

Preferred name or nickname

Parent or legal guardian

Parent or legal guardian contact details *

First name *

Last name *

Phone *

Email *

Relationship to participant *

Second parent or guardian name, if applicable

Second parent or guardian phone number

Activity information

Activity, program, class, trip, or event name *

Organization or activity provider *

Activity start date *

Activity location

Describe any participation restrictions, activities the participant should not take part in, or other instructions for the organizer.

Emergency contact

Emergency contact name other than the parent or guardian above *

Emergency contact phone number *

Emergency contact relationship to participant *

Health & medical information

List any allergies, including food, medication, environmental, or other allergies. Include severity and relevant emergency instructions.

List any medical conditions, recent injuries, physical limitations, or other health information relevant to participation or emergency care.

List any medications or emergency medication relevant during the activity, including inhalers or epinephrine auto-injectors.

Does the participant have any accessibility, mobility, sensory, communication, learning, behavioral, or other support needs that would help the organizer support them appropriately?

Provide any other information that may be important in an emergency or for safe participation.

Emergency medical authorization

If I cannot be reached during a medical emergency involving my child: *

- ◯ I authorize reasonable first aid, emergency medical services, transportation, evaluation, and treatment considered reasonably necessary by qualified medical personnel
- ◯ I authorize first aid and contact with emergency medical services, but I have additional instructions listed below
- ◯ I do not give advance authorization for non-emergency medical treatment and have provided instructions below

Medical authorization instructions, preferred healthcare provider or hospital, or other information the organizer should follow if reasonably possible.

Pickup authorization

List adults authorized to pick up or sign out the participant, including their relationship to the participant.

List any custody, pickup, contact, or safety restrictions the organizer needs to know about.

Participant release arrangement

- ◯ Release only to a parent, guardian, or authorized adult listed above
- ◯ Participant may leave independently at the scheduled end of the activity
- ◯ Not applicable to this activity

Photography & media

Photography and video permission *

- ◯ Yes — my child may intentionally appear in photos or video used for the organization's communications or promotional purposes
- ◯ Internal use only — my child may appear in photos or video shared privately with participants, families, or members of the organization
- ◯ No — please do not intentionally photograph or record my child

May the participant's name be published with an authorized photo or video?

- ◯ Full name may be used
- ◯ First name only
- ◯ Do not publish the participant's name

Parent or guardian acknowledgment

- ☐ I confirm that I am the participant's parent or legal guardian, or otherwise have legal authority to provide the permissions in this form. *

- ☐ I give permission for the minor participant to take part in the activity or program identified above, subject to any restrictions I have provided. *

- [ ] I confirm that the emergency contact, allergy, health, medication, support, and other information I provided is accurate to the best of my knowledge and I will communicate important changes. *

- [ ] I agree that the participant should follow reasonable activity rules, safety instructions, staff directions, and standards of respectful conduct. *

- [ ] I understand that this parental consent form does not replace any additional activity-specific waiver, transportation permission, medication authorization, travel consent, or other document that may be required for particular activities. *

- [ ] I have read this form, understand the permissions I am providing, had the opportunity to provide restrictions or additional information, and give my consent voluntarily. *

Parent or legal guardian signature *