

## PARENTAL CONSENT FORM

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

### Parent/Guardian Information:

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

Relationship to Child: \_\_\_\_\_

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

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

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

### Event Details:

Name of Event / Activity: \_\_\_\_\_

Location: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Date(s) of Event: \_\_\_\_\_

### Consent and Authorization:

I, the undersigned, am the parent or legal guardian of the above-named minor child and hereby grant permission for the child to participate in the event/activity described above. I understand the nature of the event and the potential risks involved. I authorize the event organizers, their agents, and employees to act for me according to their best judgment in any emergency requiring medical attention. I agree to release, indemnify, and hold harmless the organizers, sponsors, and their representatives from any and all liability arising from or related to my child's participation in this event to the fullest extent permitted by law. This authorization and consent is effective for the duration of the event and any related activities.

### Medical Information (Optional):

Allergies or Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Physician's Name and Phone: \_\_\_\_\_

### Emergency Contact Information:

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

Relationship: \_\_\_\_\_

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

### Legal Acknowledgment:

I certify that I am the legal parent or guardian of the child named above and have the legal authority to grant this consent and authorization. I understand that this form is legally binding and enforceable under the laws of the United States. I acknowledge that I have read and fully understand the terms and conditions of this Parental Consent Form.

**PARENT/GUARDIAN SIGNATURE**

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

**WITNESS SIGNATURE**

Signature: \_\_\_\_\_

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

Date: \_\_\_\_\_

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