



# Parental Consent Form/Emergency Contact and Medical Information for a Child

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ M F  
Sex

Child's School/School's City/Child's Grade \_\_\_\_\_

Child's School Counselor/School Phone Number \_\_\_\_\_

Child's Cell Number and E-mail \_\_\_\_\_

Parent's/Guardian's Name \_\_\_\_\_ Parent's/Guardian's Name \_\_\_\_\_  
 ( ) ( ) ( ) ( )  
 Home Phone Work or Cell Phone Home Phone Work or Cell Phone

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

Parent's E-mail \_\_\_\_\_ Parent's E-mail \_\_\_\_\_

**Alternative Emergency Contacts**

Primary Emergency Contact \_\_\_\_\_ Secondary Emergency Contact \_\_\_\_\_  
 ( ) ( ) ( ) ( )  
 Home Phone Work or Cell Phone Home Phone Work or Cell Phone

Address \_\_\_\_\_ Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ City, State, Zip Code \_\_\_\_\_

**Medical Information**

Hospital/Clinic Preference \_\_\_\_\_

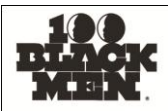
Physician's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies/Special Health Considerations \_\_\_\_\_

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the even that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_



## Parental Consent Form/Emergency Contact and Medical Information for a Child

I give permission for my child to participate in the Saturday Leadership Academy (SLA) and attend field trips sponsored by the 100 Black Men of Greater Washington, D.C. Inc. I release the 100 Black Men of Greater Washington, D.C. Inc. and its members from liability in case off an accident during activities sponsored by the 100 Black Men of Greater Washington, D.C. Inc. as long as normal safety procedures have been taken.

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Parent's/Guardian's Signature

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Date

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Witness Signature

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Date