

PACERS Parental Permission/Release Form
"Positive Achievement & Creativity Equals Righteous Success"



Dear Parent(s)/Guardian(s):

As members of PACERS, your child has the opportunity to attend events throughout the year with the staff, mentors, and volunteers of PACERS.

My son/daughter _____ **(Print)** has my permission to ride in the car to events with PACERS staff, mentors, and volunteers. In the case of injury or illness, I authorize the PACERS staff personnel to render emergency first aid and/or seek all necessary medical care for my son/daughter, and I authorize health care providers to such medical care as is needed. In such cases, I understand that I will be notified as soon as possible. I agree to hold harmless and blameless the leadership of PACERS (including committee members and any adults participating in transporting my child). I waive all rights to any civil action against the above mentioned parties.

Please provide an emergency telephone number and name of contact person

Child/Youth name: _____
(Last) (First) (M.I.)

Birthdate: _____

Address: _____
Street City State Zip

Home Phone: () _____

Parent(s)/Custodial Adult(s)' Name(s): _____

Parent(s)/Custodial Adult(s) Phone numbers:

Home phone(s): _____

Cell phone(s): _____

In case of emergency contact:

1) Name: _____ **Daytime phone:** _____

Relationship: _____ **Evening phone:** _____

2) Name: _____ **Daytime phone:** _____

Relationship: _____ **Evening phone:** _____

Name and phone number of primary treating physician:

NAME **Phone**

Allergies (including medications child/youth can NOT take) / Special Health Concerns:

Signature (guardian)

Date