

PARENT CONSENT
(Please complete legibly and in ink)

I hereby give permission to my child to participate in the **Ticonderoga Youth Commission** ~~RECREATION~~ *FUN SPOT*.

I will not hold the Town of Ticonderoga, Youth Commission Members, The Youth Commission Recreation Supervisor, chaperones, nor the Ticonderoga School District responsible for any accident or injury to my child.

Childs Name	Age	Date of Birth
Parent/Guardian Signature	Date	

PARENT HEALTH SURVEY

Name of Parent/Guardian: _____
Phone: Home _____ Address _____
Business _____

Emergency # if not at home _____

		Relationship
Does your child have any of the following illnesses? (Please check all that apply)		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Disease
<input type="checkbox"/> Asthma	<input type="checkbox"/> Discharging Ear	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Recent Surgery

Explain each of the items checked above: _____

Date of Last Tetanus Toxoid Vaccine received _____
Date Parent/Guardian Signature

EMERGENCY CARE PERMISSION FORM

In the event your child may need emergency treatment, he/she will be taken to the nearest hospital. Below is a form, which will allow the hospital to administer proper treatment. Upon receipt of the completed form, we will retain it in our files for presentation to the hospital if need arises.

I hereby grant permission to administer emergency care to my son/daughter _____ including Tetanus, Toxoid vaccine, if necessary. I accept responsibility for all Medical Expense.

Signature Date

Relationship