

## Parental Consent Form

I, \_\_\_\_\_, give consent for \_\_\_\_\_  
(Printed name of Parent/Guardian) (Printed name of Student)

to participate in all activities organized by or through SMLAC's 2009-2010 **Delta GEMS** Program. I grant permission to make photographic records (website, newsletter, flyers) for promotional purposes without recourse or compensation.

This is also my permission for the leader in charge, or designates, to make arrangements for qualified surgical or medical attention for my child/ward in the event of an emergency without necessity of my prior approval. I understand that I will be notified by the quickest means possible if this authority is exercised.

### Parent/Guardian Emergency Information:

\_\_\_\_\_ Home Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_ Alternate Phone

I authorize \_\_\_\_\_ to be contacted in case of an emergency or if I cannot be reached. His/Her home phone number is \_\_\_\_\_ and work/mobile phone number is \_\_\_\_\_.

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Does your child have a medical condition that the school should be aware of before allowing your child to participate in this program? \_\_\_\_Yes \_\_\_\_No

If yes, please state the nature of the medical condition:

\_\_\_\_\_  
\_\_\_\_\_

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I also understand that in order for SMLAC **Delta GEMS** to maintain a safe and healthy environment for all children, drugs, alcohol, violence, abusive language, and misconduct will not be tolerated at any activity (see Behavior Contract). Therefore, I understand that it will be my responsibility to pick up my child immediately if my child needs to be sent home for disciplinary reasons.

I, the undersigned, having read, understood, and completed the above, and having been briefed regarding the nature of the program, hereby give my permission for my child to attend and participate in the 2009-2010 **Delta GEMS** Program.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian signature)

