

PARENTAL PERMISSION FORM

Participant Name: \_\_\_\_\_ Age: \_\_\_\_\_

Any Food allergies?: \_\_\_\_\_  
Anything else I should know about your child?

\_\_\_\_\_

We will be starting a group text for class updates and information. What cell phone number can we use to best text you? \_\_\_\_\_

**In the Event of minor cuts/abrasions: (Please initial one option)**

\_\_\_\_ you **DO** have my permission to apply antibiotic ointment and a bandaid.

\_\_\_\_ you **DO NOT** have my permission to apply antibiotic ointment and a bandaid.

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**EMERGENCY CONTACT INFORMATION**

**Parent(s)/Guardian(s)**

Name(s)	Parent(s)/Guardian(s) Cell Phone Number
Parent(s)/Guardian(s) Email address	Parent(s)/Guardian(s) Secondary Phone Number

Photo/Audio/Visual Release

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Signature \_\_\_\_\_ Date \_\_\_\_\_