

PARENTAL CONSENT FORM

Student Name _____ Date ____/____/____

Address _____

City _____ State _____ Zip Code _____

Parent(s) name(s) and the telephone numbers where available to be reached on the day of the event:

Mother (____)____-____
Mother's Telephone, TODAY

Father (____)____-____
Father's Telephone, TODAY

To whom it may concern:

We (I) have designated _____ as Temporary Guardian.

I agree to act as Temporary Guardian, as listed below, and will exercise all reasonable care to insure that the aforementioned child is safe and well behaved in all Advantage Preparatory Schools activities.

Acting Temporary Guardian Date

The undersigned does hereby give permission for our (my) child, _____, to attend and participate in activities sponsored by Advantage Preparatory Schools.

a) We (I) authorize the Temporary Guardian, in whose care the minor has been entrusted, to consent to an X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

b) The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

c) Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

d) The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participation in activities sponsored by **Advantage Preparatory Schools.**

e) The undersigned does also hereby voluntarily waive any claim against Advantage Preparatory Schools, all leaders of Advantage Preparatory Schools and the owner and/or driver of the car or bus in which my (our) child (ward) is to receive transportation to the activity/outing for any and all causes which may arise in connection with the said trip or any phase or part thereof.

f) We (I) have informed our (my) child of this arrangement with the Temporary Guardian and have instructed our (my) child that he/she must be on his/her best behavior and obey the Temporary Guardian as well as leaders of Advantage Preparatory Schools.

g) This consent and permission shall remain effective until revoked in writing by the undersigned.

Hospital Insurance Yes No

Insurance Company _____

Policy Number _____

Mother Date

Father Date

Non-parent Legal Guardian Date

The Temporary Guardian must bring this form to the event/activity in question.

On the reverse side of this page, please list any allergies or special medical problems your child may have.