

The Volterra Project JUNIOR

Parental consent form for underage student participation

Name of the minor	
Date of birth	
Address	
City	
State	
Zip code	
Country	
Home phone	
Parent or legal guardian name(s)	
Parent(s) work number(s)	

The Volterra Project JUNIOR

To Whom It May Concern:

The undersigned does hereby give permission to my child, _____, to attend and participate in activities sponsored by The Volterra Project Junior, in Oudenaarde, Belgium from _____ to _____.

In the event of a medical necessity or emergency, I authorize the directors of The Volterra Project Junior, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

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

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

The undersigned does also hereby give permission to my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by The Volterra Project Junior.

The undersigned does hereby waive and release The Volterra Project Junior and The Volterra Project Junior staff from any responsibility of accident or injuries incurred during The Volterra Project Junior. I also know of no physical or mental problems that may affect my child's ability to safely participate in The Volterra Project Junior. As stated above, the undersigned will be responsible for any charges, medical, transportation or otherwise, in connection with his/her attendance.

Signature of parent or legal guardian

Date

Emergency contacts:

Name _____

Phone number: (____) _____ - _____

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Please use this page to list any allergies or special medical problems your child may have: