**Students Storm the Hill 2018**



**Parent Permission and Emergency Contact Form**

Name:

First Middle Last

School/Group Name: Participant’s Age

Home Phone: Mobile Phone:

Home/Permanent Address:

Street City, State Zip Code

Parent/Guardian Full Name

First Middle Last

Parent/Guardian Mailing Address

City State Zip

Parent/Guardian Home Phone Other Phone (home, mobile, etc.)

Name of alternative person to contact in case of emergency:

Relationship:

Daytime Phone: Evening Phone:

Insurance Provider: Policy#: Insurance Phone:

Insurance Address:

Primary Physician: Physician Phone:

Please indicate allergies or special health problems/concerns.

Are there specific medicines that you should not take? Yes No

If so, please indicate such medicines.

The student named above has my permission to travel with the above named group to participate in the Tennessee PTA Student Storm the Hill Day in Nashville, TN on February 21, 2018. I give my consent for use of pictures from this student’s involvement with these activities for publicity and promotional purposes. In the event of emergency, I understand that every effort will be made to contact me or the individual(s) listed above. However, I give my permission for the student named above to be treated by competent medical personnel as a result of any accident or medical emergency while involved with this activity and any related activities.

The student named above can participate with reasonable accommodations: Yes No

If no, please describe accommodations special needed:

**Please complete and sign the permission statement below in order for your child to participate. Return signed copy to the sponsoring school/group named above. Please keep a copy of this statement for your records.**

I authorize to participate fully in Tennessee PTA Students Storm the Hill Day, February 21, 2018.

(*Student’s first and last name*)

I have read and understand the commitment required for full participation and agree to support my child’s involvement.

**(Parent/Guardian Printed Name) (Signature) (Date)**