



PTA Storm the Hill 2024 EMERGENCY CONTACT INFORMATION

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 TN PTA Storm the Hill Day in Nashville, TN on March 27, 2024. 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 TN PTA Storm the Hill, March 27, 2024.
(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)