



# PARENTAL CONSENT FORM

<b>Name:</b> _____	<b>Age</b> _____	<b>D.O.B.</b> _____
<b>Address:</b> _____	<b>Phone</b> _____	
<b>City:</b> _____	<b>State</b> _____	<b>Zip</b> _____
<b>School:</b> _____	<b>Grade</b> _____	
<b>Parents Business #'s:</b> _____		

To whom it may concern:

The undersigned does hereby give permission for our (my) child \_\_\_\_\_  
to attend and participate in activities sponsored by Vegas Roots on \_\_\_\_\_  
Date

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

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 in pursuant to this authorization.

Should it be necessary for our 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 for our 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 Vegas Roots.

Hospital Insurance  YES  NO

_____	<b>Participant</b>	<b>Date</b>
<b>Insurance Company:</b> _____	<b>Father</b>	<b>Date</b>
<b>Policy Number:</b> _____	<b>Mother</b>	<b>Date</b>
<b>Emergency Phone Number:</b> _____	<b>Legal Gaurdian</b>	<b>Date</b>