



SHARE El Salvador

La Fundación SHARE

PARENT PERMISSION FORM FOR SHARE DELEGATION TO EL SALVADOR

(For delegates under 18 years of age)

Organization Name: _____

Delegation Leaders: _____

Date/Time of Departure: _____

I, the parent/guardian of _____ request that my child be allowed to participate in the SHARE Delegation to El Salvador.

I consent to other conditions stated in the SHARE Foundation Delegation Packet. I understand as a parent or legal guardian I am responsible for any liability which may result from actions taken by my child.

I fully understand there is a risk involved in any activity or delegation. I agree that I will not hold the joint sponsors, the SHARE foundation or _____ (school or institution) responsible for any injuries that my child might incur while participating in this delegation. I have signed the Waiver of Liability on behalf of my child.

In an emergency, if I cannot be contacted, I hereby authorize that emergency treatment be administered.

Child's Name: _____ Age _____

Signature (Parent/Guardian) _____ Date _____

Please PRINT the following information

Home Address _____

Parent/Guardian's Name _____

Telephone Home _____ Cell _____ Work _____

Alternative contacts in Case of Injury/Illness:

Name _____ Relationship to child _____

Telephone Home _____ Cell _____ Work _____

Any Medications your child is currently taking: _____

Child's allergies or other known diseases, disorders or Disabilities: _____

Physician's Name: _____

Address and Phone: _____