



WILLOWDALE STUDENTS

ARNOLD'S FAMILY FUN CENTER

July 17, 2018

PARENTAL PERMISSION AND MEDICAL CONSENT

Student's Name: _____ Date of Birth _____

Student's Email: _____

Address: _____

School _____ Grade _____

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child hereby consents to the participation by the Child in WDS Arnold's Family Fun Center Event and to the participation of the Child in all events relating to the activities on July 17, 2018.

The undersigned hereby further authorize(s) any of the staff, agents and representatives of Organizer to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, and performance of operations, diagnostic and other procedures.

In the case of a medical emergency or nonemergency, the guardian will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Consent Form, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the Child.

This Consent Form may be revoked at any time before the expiration date with written notice to Organizer.

Signature of Parent/Guardian

Date

Print name

Parent Email:

Student allergies Medications: _____