

S.H.I.N.E. 4 Him
Parent Consent Form 2010/2011
shine4him.com

Child's Name: _____ Birthday: ___ / ___ / ___
Allergies _____ Known Medical Issues _____

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Parent's Name: _____
Phone #: _____ Alt/Cell #: _____

Health Insurance Co: _____ Policy or Group #: _____
Family Physician: _____ Phone: _____

I hereby give permission for my child _____ to attend S.H.I.N.E. co-op activities on _____ under the supervision of _____ .
In case of emergency I give permission for my child to receive medical treatment.

Parent Signature _____ Date _____