

Appendix J – ESMC General Off-site Consent Form

As parent or caregiver of _____

(Child(ren)'s Name(s)) I give consent for him/her/them to participate in off-site group activities sponsored by ESMC.

Parent's Name (printed) _____

Signature of Parent

Date

Contact Information

Parent's Name: _____ Home tel. number: _____

Address (Street Address, City, Postal Code): _____

Mobile number: _____

Emergency Contact (alternate): _____

Emergency tel. number (alternate): _____