



ASSISTEENS® AUXILIARY CONSENT FORM

Consent Regarding Transportation

_____, has my permission to travel to and from Assisteens® events during the year _____ (check al that apply):

____ with any adult driver over 21 ____ I volunteer to serve as an adult driver

____ may only drive her/himself ____ may drive with other Assisteens® in the car

____ with another Assisteens® member who is a licensed driver.

Parent/guardian signature

Date

Consent for Emergency Medical/Dental Treatment

I understand every effort will be made to contact me as parent/guardian of _____ in case of a medical and/or dental emergency while attending Assisteens® events during the _____ year. In the event that I cannot be reached, I hereby authorize the adult in charge of the event to obtain emergency medical and/or dental treatment.

Physician _____ Phone _____

Dentist _____ Phone _____

Parent/guardian contact information:

Name _____ E-mail _____

Home Phone Work Phone Cell Phone

Additional person to contact in an emergency:

Name _____

Home Phone Work Phone Cell Phone

Parent/guardian signature

Date

Please indicate below any physical problems, allergies, medication, etc.,

