

# Medical Release and Parental Consent Form

Please use a separate form for each child

Program: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent or Legal Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Child's Email: \_\_\_\_\_

Person Authorized to Pick Up Child: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Important Health or Medical Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Parental Consent:

I, (Parent or Legal Guardian) \_\_\_\_\_ do hereby give permission for my child (name) \_\_\_\_\_ to participate in the program and any and all activities of that program. I also give permission for my child to receive emergency medical care. In addition, I will not hold The George Washington Foundation or its staff responsible for any expense claims or liability arising from any injury to my child.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Photography Release:

I hereby give The George Washington Foundation the absolute right and permission to publish, copyright, and use pictures of Participant in which the participant may be included in whole or in part, composite or retouched in character or form. I understand that signing this release does not guarantee publication of the photo.

Parent's/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If you have any questions, please contact  
Vickie Hayes at (540) 370-0732 x24**

## Return this form to:

Vickie Hayes  
George Washington's Ferry Farm  
268 Kings Highway  
Fredericksburg, VA 22405