



## Activity Participation and Medical Consent

I, \_\_\_\_\_, do hereby give permission for my child,  
\_\_\_\_\_ to attend and participate in activities  
sponsored by Parkhurst Academy.

I authorize an adult representative of Parkhurst Academy to consent to any and all medical and hospital care and treatment as deemed necessary for the health and well-being of my child by a duly licensed physician selected by said adult representative. I understand that I shall be fully responsible for, and agree to pay for, all costs and expenses incurred in connection with such medical services rendered to my child pursuant to this authorization. Should it be necessary for my child to return home due to medical reasons or otherwise, I agree to assume all transportation costs.

My child may ride in any necessary and convenient transportation provided by Parkhurst Academy in connection with the activities.

I agree to assume the risk of, and release Parkhurst Academy, its staff, and representatives from, any and all injury and liability arising out of, or relating to, the activities conducted or sponsored by Parkhurst Academy.

I state that the information on this form is correct.

**Note: This form must be signed in the presence of a notary**

Parent Signature:

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_, who is personally known to me or who has produced \_\_\_\_\_ as identification.

Notary Signature:

Notary Stamp: