



## PARENTAL CONSENT FORM

For Summer Day Hikes

*Activity Date:* \_\_\_\_\_, *9:00am – 3:00pm*

CHILD'S NAME: \_\_\_\_\_ BIRTH DATE (D/M/Y): \_\_\_\_\_

ADDRESS: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

PARENT/GUARDIAN'S NAME: \_\_\_\_\_

PHONE NUMBER - HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

EMERGENCY CONTACT - NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

PERSON RESPONSIBLE FOR PICKING UP PARTICIPANT: \_\_\_\_\_

I hereby authorize my son/daughter \_\_\_\_\_ to participate in the activities\* organized by Hiking Kids.

Any other information that you feel is important in allowing or not allowing your son/daughter to participate in our programs and activities:

**Please notify Hiking Kids staff to any changes to this form that may affect your son/daughter's participation in our activities.**

\*Please note that daily activities and out trips are subject to change.