

Parental Consent Form

Child's Name: _____

Child's Age: _____

Parent/Guardian's Name: _____

Email Address: _____

Phone Number: _____

Emergency Contact 1 and 2:

- **Name 1:** _____

- **Phone # 1:** _____

- **Name 2:** _____

- **Phone # 2:** _____

Child's Health Care Card #: _____

Child's Allergies/Health Concerns:

Parent/Guardian: By signing this form, you acknowledge that:

1. It is expected that your child will follow all group and safety guidelines while participating in Sundre Museum programs.
2. Sundre Museum reserves the right to cancel a child's participation in a program if their behavior is deemed unmanageable or dangerous to themselves or others, in which case they will be sent home immediately.
3. Although every effort is made to send each child home with all of their belongings, Sundre Museum is not responsible for any loss or damage.
4. I release/discharge the Sundre Museum and their staff/volunteers of all claims, demands or causes of action which are connected to my child's participation in this program.
5. In the event that your child is injured, ill or in need of medical attention and you are unable to be contacted, you authorize Sundre Museum staff to seek medical attention on your behalf.

Signature: _____

Date: _____