

Parental Permission Agreement

I, _____, am the parent or guardian of _____.

I have agreed to permit him/her to participate in the *Eastside Friends of Seniors* program. I have had the opportunity to talk with *Eastside Friends of Seniors* about their program. I understand there are risks anytime my child visits others in an unsupervised setting. I understand and assume these risks on behalf of my child and myself and my child's other parent. I believe that my child has the necessary maturity and responsibility to successfully undertake this program and to do so safely.

My child's health insurance is provided through _____
(name of company and policy number). I give permission for my child to receive emergency treatment. I ask that I be contacted as soon as I can be reached regarding this emergency. I am usually available at the following phone number _____.

I hereby release *Eastside Friends of Seniors* program, their trustees, directors, officers, agents, and employees from any and all personal and/or property damage liability resulting from my child's participation in the *Eastside Friends of Seniors* program.

Signature of parent or guardian \ _____ \ _____
Printed name Date

Address

Name of Child _____

Date of birth of child _____