



## Brookline Teen Outreach Permission Form

My child, \_\_\_\_\_, has my permission to participate in  
\_\_\_\_\_ with Brookline Teen Outreach on \_\_\_\_/\_\_\_\_/\_\_\_\_\_.

I parent/guardian, hereby waive any of all rights or claims for damage arising from injury received while my child is being transported to this activity. I also hold harmless Brookline Teen Outreach, its directors, organizers or any other supervisor appointed for any injury incidental to and from this activity. I further understand that my child is responsible for their actions and will be held responsible for any inappropriate or illegal actions.

PARENT SIGNATURE EMERGENCY INFORMATION I hereby give permission for any and all medical treatment necessary to be administered to my child in the event of an accident, injury, sickness, etc. I understand that every effort will be made to contact me and I assume the responsibility for payment of any such treatment.

HOSPITALIZATION INSURANCE \_\_\_\_\_ YES \_\_\_\_\_ NO ↑

My child takes medication during the day or has a medical condition that a field trip chaperone should be aware of.

Comments: \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

\_\_\_\_\_  
Parent Name Parent Signature Date

\_\_\_\_\_  
Cell Phone Daytime Phone Evening Phone