

**PARENTAL CONSENT FORM**  
**Speak Hard - Jefferson City, Missouri**  
**March 17th, 2010**

I hereby give permission for my son/daughter, \_\_\_\_\_, to attend the Speak Hard event in Jefferson City, Missouri on March 17th, 2010.

I understand that ACT Missouri and Missouri's Youth/Adult Alliance will not be liable for any injury and/or accident that may occur while my son/daughter is at, or in route to and from, any activity related to the Speak Hard event.

I give permission for my son/daughter to have their name and e-mail published on a form that will be distributed to all participants.

Initial: I approve \_\_\_\_\_ I Do Not approve \_\_\_\_\_

In case of medical emergency, I understand every effort will be made to contact a parent or guardian. In the event that I cannot be reached, I hereby give permission to any physician, hospital, or other medical facility to perform such medical procedures and medical treatment as deemed necessary.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

In case of emergency please contact:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone number)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Telephone number)

The following is for emergency purposes only. Only staff will have access to this information.

\_\_\_\_\_  
(Insurance Company)

\_\_\_\_\_  
(Policy Number)

\_\_\_\_\_  
(Current Doctor's Name)

\_\_\_\_\_  
(Allergies)

\_\_\_\_\_  
(Medicines currently taking)

\_\_\_\_\_  
(Date of last tetanus booster)

I authorize ACT Missouri and Missouri's Youth/Adult Alliance to use the name and/or photograph of my son/daughter for promotional and/or publicity purposes surrounding the Speak Hard event and it's activities.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**Please send this form in with the registration form.**

**Contact Alicia Ozenberger with any questions 573.635.6669 or [aozenberger@actmissouri.org](mailto:aozenberger@actmissouri.org)**