

CONSENT FOR EMERGENCY MEDICAL TREATMENT

We the parents of _____, give consent for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

Parent/Guardian Name: _____ Emergency Phone: _____

Emergency contact (other than parent/guardian): _____ Phone: _____

Relationship: _____ Does your child have any allergies or require any special medications?

No Yes Explain: _____

Parent/Guardian Signature

Date

CONSENT TO PUBLISH PHOTOS

I hereby grant Pleasant Run Farms Civic Association and Pleasant Run Farms Athletic Association permission to publish photographs (including use on the PRFCA website) which may include my child, taken during practices or games as part of the 2011 athletic season. I understand that if names are listed, it will include my child's first name only, in an attempt to comply with the National Child Protection Act. Further, I understand that every attempt will be made to prevent unauthorized access to personal information and hold PRFCA, PRFAA, SAY, NWBR, GMSL and NWBL harmless for any accidental release of information.

Parent/Guardian Signature

Date

I hereby refuse to grant Pleasant Run Farms Civic Association and Pleasant Run Farms Athletic Association permission to publish photographs which may include my child.

Parent/Guardian Signature

Date