

# Parental Consent Statement

This Parental Consent Statement is to be completed and signed by the parent or legal guardian of the minor named below, granting permission for participation in the specified activity/program.

## Minor's Information

Full Name:

Date of Birth:

Address:

## Parent/Guardian Information

Parent/Guardian Name:

Relationship to Minor:

Contact Number:

Email Address:

## Consent Details

I, the undersigned, as the parent/legal guardian of the above-named minor, hereby give my permission for participation in:

**Name of Activity/Program:** \_\_\_\_\_

**Date(s) / Duration:** \_\_\_\_\_

I have read and understood the nature of the activity/program and any associated risks. I authorize the organizers to seek necessary medical attention for my child in case of an emergency.

Signature of Parent/Guardian:

Date: \_\_\_\_\_

Witness (if required): \_\_\_\_\_

Date: \_\_\_\_\_

## Important Notes:

- This document should be filled out and signed by a parent or legal guardian.
- Ensure all information provided is accurate and complete.
- Specific details of the activity/program must be clearly stated.
- Retain a copy of the signed consent for your records.
- Check if witnessing is required as per local regulations or organizational policy.

