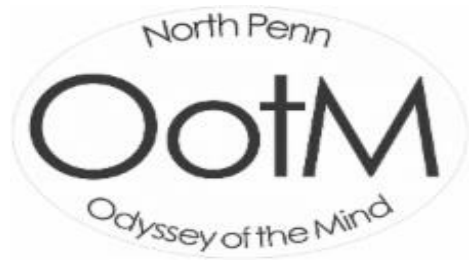


PARENT / GUARDIAN CONSENT FORM
NPSD Odyssey of the Mind



Coach: Distribute forms, collect completed forms, keep originals, forward copies to NPSD OotM Coordinator.

PARTICIPANT NAME _____

BIRTH DATE _____ SEX _____ GRADE _____ SCHOOL _____

PARENT / GUARDIAN NAME _____

HOME ADDRESS _____

HOME PHONE _____ BUSINESS PHONE _____

CELL PHONE _____ EMAIL _____

To Be Completed by the Parent/Guardian: I, _____ grant permission for my child _____ to participate in Odyssey of the Mind. I understand that this activity can be held off school property (in private residences or other areas as arranged by the coaches) and will be under the guidance and direction of the team coach(es) listed below:

I understand that it is my responsibility to arrange transportation for my child to team meetings and competitions. As parent (and/or legal guardian) I remain legally responsible for any actions taken by the above named student of North Penn School District (aka "participant").

I assume all costs associated with Odyssey of the Mind included but not limited to registration fees, team expenses, travel expenses, lodging, meals, mileage and competition fees for all local/ state/ world competitions. This also includes the assumption of costs associated with all material and costume fees.

Medical Matters: I hereby warrant that to the best of my knowledge, my child is in good health, and I assume all responsibility for the health of my child. My child has the following allergies or medical conditions: _____

Emergency Medical Treatment: In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any further treatment by the hospital or doctor.

Emergency contact: In the event of an emergency, if you are unable to reach me at the above phone numbers:

NAME & RELATIONSHIP: _____ PHONE: _____

FAMILY DOCTOR: _____ PHONE: _____

FAMILY HEALTH PLAN CARRIER: _____ POLICY NUMBER: _____

Parent/Guardian Signature _____ Date _____