



LETTER OF PARENTAL CONSENT

Date: __ / __ / 20__

I,(parent/guardian name), parent or legal guardian of (son/daughter name) hereby confirm that my son/daughter has filled out this application form under my supervision. I give my son/daughter permission to participate in the Give A Hand Summer Program between the dates specified in the application form. I understand that my son/daughter will be subject to the rules and regulations of the Give A Hand Organization throughout the program. I also accept that my child will make himself/herself aware of and comply with the law and that "Give A Hand" organizations will not be liable under any circumstances. I understand that my son/daughter has to attend all lectures and volunteer activities required by the program. I also understand that the Give A Hand Organization accepts no responsibility and will not be liable under any circumstance if my son/daughter were to leave the hotel or the dormitory during the free times designated by the chaperones or during and/or after the program days/hours. The Give A Hand organization has the permission to use photographs and/or videos of my son/daughter taken during the program in official program reports, film festivals, official competitions and/or program advertisements. I understand that should a health emergency arise I will be notified.

Full Name of Parent/Guardian:

Phone Number:

Email Address:

Signature: Date:



TRANSPORTATION CONSENT

ARRIVAL

I accept that my child will travel to the city that the program is taking place on his/her own. I understand and accept that the Give A Hand Organization will have no liability in any way concerning this transportation, that all the responsibility lies with me, and that my child will arrive on time in the place (city) of the program. Give A Hand Organization is responsible for the pick up from the airport.

Flight No:

Flight Date:

Flight Time:

DEPARTURE

I accept that my child will travel from the city that the program is taking place on his/her own. I understand and accept that the Give A Hand Organization will have no liability in any way concerning this transportation, that all the responsibility lies with me. Give A Hand Organization is responsible for the drop off to the airport.

Flight No:

Flight Date:

Flight Time:

Phone number (if different) where the parent/legal guardian may be reached during the travel times:

Parent/guardian's full name:

Signature: Date:



STUDENT HEALTH CONSENT

This form will provide useful information to the doctor or medical personnel to which your child is taken in the event of a medical emergency. Please complete ALL sections as accurately as possible.

1. Allergies/Dietary Restrictions:
2. Date of last tetanus shot:
3. Current Medications Required during the Project:
4. Chronic Medical Problems:
5. Health Insurance/Policy no.:

I authorize the obtaining of any medical assistance if, in the opinion of the advisor(s), such action is necessary. Every effort will be made by the trip advisor(s) to contact the parents of the child as soon as possible should such a situation arise. I understand that the accompanying advisor(s) will exercise all due care but will not be liable for any injury, damage or loss which the child may sustain to person or property. I understand that the GAH Organization does not provide any additional accident insurance during field trips.

Parent/guardian's name:

Signature: Date:

**PLEASE KEEP A COPY OF THIS PERMISSION PAPER.*