E. PARENTAL CONSENT FORM

1,		
· ·	(PARENT/GUARDIAN'S NAME)	
(NAME)	(AGE)	(SOCIAL SECURITY #)
(COM	PLETE HOME ADDRES	S, INCLUDING ZIP)
hea AREA CODE/PHONE #)	reby authorize in advance	any necessary medical treatmen
	while he/she	is absent from home
(NAME)		(DATE)
(DATE)	(SIGNATURE)	
(NOTARY'S SIGNA	TURE)	(DATE)
E. P .	ARENTAL CONSEN	T FORM
	JARDIAN'S NAME)	(RELATION)
(NAME)	(AGE)	(SOCIAL SECURITY #)
f,(COM	PLETE HOME ADDRES	S, INCLUDING ZIP)
her AREA CODE/PHONE #)	reby authorize in advance	any necessary medical treatmen
equired by(NAME)	while he/she	is absent from home(DATE)
	(0)	IGNATURE)
(DATE)	(5)	IONATURE)
(NOTARY'S SIGNA	TURE)	(DATE)