

## E. PARENTAL CONSENT FORM

I, \_\_\_\_\_  
(PARENT/GUARDIAN'S NAME) (RELATION)  
of, \_\_\_\_\_  
(NAME) (AGE) (SOCIAL SECURITY #)  
of, \_\_\_\_\_  
(COMPLETE HOME ADDRESS, INCLUDING ZIP)

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\_\_\_\_\_ hereby authorize in advance any necessary medical treatment  
(AREA CODE/PHONE #)

required by \_\_\_\_\_ while he/she is absent from home \_\_\_\_\_  
(NAME) (DATE)

---

(DATE) (SIGNATURE)

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(NOTARY'S SIGNATURE) (DATE)

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