



**2015-2016 PARENT / GUARDIAN CONSENT FORM**  
**North Penn School District Odyssey of the Mind**

PARTICIPANTS NAME \_\_\_\_\_

BIRTH DATE \_\_\_\_\_ SEX \_\_\_\_\_ GRADE \_\_\_\_\_ SCHOOL \_\_\_\_\_

PARENT / GUARDIAN NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HOME PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ E-mail \_\_\_\_\_

**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/advisors) and will be under the guidance and direction of \_\_\_\_\_ (Coaches/Advisors) .

I understand that it is my responsibility to arrange transportation for my child accordingly.

As parent, and/or legal guardian, I remain legally responsible for any actions taken by the above named young person ("participant").

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

NAME & RELATIONSHIP: \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE \_\_\_\_\_

FAMILY HEALTH PLAN CARRIER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*OotM Coaches: Distribute forms to parents, collect completed forms, keep originals and forward copies to NPSD OotM Coordinator.*