



SHANTI ACTION CLUBS

Action Club Parent Permission Form

Child's Name:

Parent / Guardian's Name:

Home Telephone Number:

Work Telephone Number:

Mobile Phone Number:

Email Address:

Alternative Emergency Contact Person's Name:

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Telephone Number:

Mobile Phone Number:

Medical information in case of emergency:

Medical Conditions:

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Allergies:

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Emergency Medication Needed:

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Known Allergies to any Medications:

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Family Doctor's Name:

Phone Number:

I give my permission for my child to join and volunteer withAction Club.
(Club Name)

Your Signature: Relationship:

Date: