



**Shape Up Walking Challenge
Parent/ Guardian Permission Form**

****In order for your child to participate in the Shape Up SF Walking Challenge, your permission is required. Please complete the front and back of this form and return by [Date] _____.**

I, [parent/guardian name] _____, am the parent and/or legal guardian of [child's name] _____, and acknowledge that [Program name] _____ is organizing a walking group for the Shape Up SF Walking Challenge from March 9 to May 15, 2009.

[Child's name] _____ has my permission to participate in the Shape Up SF Walking Challenge and related activities. Employees of [Program name] _____ are hereby given the following authority during the dates indicated above.

In the event of an emergency, employees may give consent to medical treatment (illness or accident) that may be immediately required by [child's name] _____ in the absence of the parent or guardian. Employees of [Program name] _____ are hereby released from liability for all actions taken in good faith during the Shape Up Walking Challenge program.

Media Release (Please check appropriate box)

- You have my permission to use images of my child for the Shape Up SF Walking Challenge media endorsements such as website, newspaper, or television, photo albums.
Child Name: _____
- You **do not** have my permission to use images of my child for the Mayor's Challenge Shape Up San Francisco media endorsements such as website, newspaper, or television, photo albums.

Signature of parent or guardian

Date

Emergency Contact and Medical Information – A health care provider requires a parent or guardian's permission prior to treatment. In the unlikely event that your child sustains an injury or illness during the Shape Up Walking Challenge we would like to ensure prompt treatment. Please provide your child's medical information below and sign indicating if you wish us to attempt to contact you prior to providing medical care.

Emergency Information

Participant's Name: _____

Address: _____

Health Conditions/ Allergies (please list): _____

Medications: (please list): _____

Is the participant covered by medical insurance? Yes No

Health Insurance _____ Group # _____ Policy # _____

Name and phone number of child's general physician: _____

Hospital Preference _____

I hereby give my permission for any medical treatment needed for my child in response to an injury, illness or medical condition arising while participating in the Shape Up Walking Challenge.

Authorized Signature(s):

Parent/ Guardian Signature: _____ **Date:** _____

Relationship: _____ **Home Phone:** _____

Work Phone& ext: _____ **Pager/Cell Phone:** _____

Alternative Emergency Contact: _____

Signature: _____ **Date:** _____ **Relationship:** _____

Home Phone: _____ **Work Phone &ext:** _____ **Pager/ Cell Phone:** _____

Please attempt to call me prior to the provision of medical care.