

2012 HUDSON VALLEY REGIONAL ENVIROTHON

MEDICAL CONSENT FORM

This certifies that _____
Name(s) of Parent(s) or Guardian(s)

Residing at _____
Street/PO Box Town State Zip

County of _____, being the _____
Parent or Guardian

Of _____ a (male/female) child, born on _____,

Do hereby give permission for the above named child to attend the 2012 Hudson Valley Regional Envirothon, to be held on Friday, April 27, 2012 at Sharpe Reservation in Fishkill, NY (845-897-4320).

(I/We) further consent to the administration of emergency first aid treatment that may become necessary for (his/her) well-being.

Parent/Guardian Signature

Date

Day time phone number where you may be reached in the event of an emergency is:

We, the Committee of the Hudson Valley Regional Envirothon would like to thank you for allowing your child to participate in this environmental and educational program. This program, designed for high school student, encourages students to develop an increased awareness of their local environment and promotes teamwork as students prepare for adulthood.