



## 2019 Public Health Day at the Capitol Parent Consent Form

DATE: \_\_\_\_\_

*Please print information (except for signature). Permission slip MUST be received before or brought along with you to Public Health Day at the Capitol in Lincoln on April 2<sup>nd</sup>, 2019. THANK YOU!*

I/We the parent(s)/guardian of \_\_\_\_\_ give permission for him/her to attend Public Health Day at the Capitol on Tuesday, April 2<sup>nd</sup>, 2019 beginning promptly at Noon at the Capitol Rotunda.

In case of a medical emergency, I/we understand that every effort will be made to contact me/us. In the event I/we cannot be reached, I/we give permission to the authorized designee (Project Extra Mile personnel) to secure proper medical treatment for the child named above.

I/We give permission for release of any photographs, slides, videotape or other like facsimiles taken of my child while involved with Project Extra Mile's Public Health Day at the Capitol.

For emergencies or contact that day, contact Executive Director Chris Wagner at (402) 516-5765 or Community Outreach Coordinator Lex Ann Roach at (308) 380-7856.

Signature of Parent/Guardian: \_\_\_\_\_

Name of Parent/Guardian (please print): \_\_\_\_\_

Parent/Guardian Daytime Phone Number: \_\_\_\_\_