

HEALTH ED OF NEW ENGLAND

Minor Permission Form

As child's legal parent or guardian, I give (print child's name:)

_____ permission to attend CPR and/ or First Aid

training on (date (s): _____ with Health Ed of New England.

I understand that the class may involve some strenuous activity. Other than myself, my child may be released only to the following individual(s):

(If none, write NONE)

1. _____

2. _____

3. _____

My child has the following significant medical conditions: (If none, write NONE)

1. _____

2. _____

3. _____

Signed:

_____ Date: _____

Print your name: _____

Relationship to child: _____ Age of child: _____

Please provide at least one phone number where parent/ guardian can be reached in case of emergency:

Name: _____ Phone: _____

Name: _____ Phone: _____

(Note: This form is required for all minors who are attending unaccompanied by parent or guardian. Please include it with your registration. Thank you).