



TRANSFER OF PARENTAL RESPONSIBILITY FORM

(please complete one form per child)

I, _____, am the parent and/or legal guardian of the children listed below. My children have my permission to attend _____, an event sponsored by Homeschooling In Marysville on _____ (date) from _____ to _____ (time). Since I cannot attend, I authorize _____ to serve as my child's caregiver in my absence.

The caregiver will be responsible for the behavior and conduct of my children. The caregiver has my permission to transport my children to and from the event, and supervise my children during the event. I am providing medical insurance and contact information below. In the event of an emergency in which I cannot be reached and a delay in contacting me would jeopardize my child's health, the above-named caregiver is hereby authorized to provide first aid, transportation to the nearest emergency medical facility, contact emergency medical services, and to make any necessary emergency medical care decisions for my children. I assume responsibility for any costs incurred in the treatment of my children.

Parent/Guardian Signature: _____ Date: _____

Phone number(s) where I can be reached: _____

Child's name: _____ Birth Date: _____

Known Allergies: _____ Medications: _____

Child's name: _____ Birth Date: _____

Known Allergies: _____ Medications: _____

Child's name: _____ Birth Date: _____

Known Allergies: _____ Medications: _____

Primary Physician: _____ Physician Phone: _____

Dentist: _____ Dentist Phone: _____

Insurance Provider: _____ Policy Number: _____