

PARENTAL CONSENT FORM FOR MIRROR-MIRROR MAKEOVER

I hereby release the staff and sponsors of One Mirror Inc., its staff of volunteers, and my child's school, from responsibility and liability for any injury or illness that my child may sustain during this or any other activities of which my child participates. In the event of an emergency, I hereby authorize an adult leader of these activities, as agent for me, to consent to any medical care advised and supervised by a physician, surgeon, etc. (as appropriate). I expect to be contacted as soon as possible in case of such an emergency. I also understand and allow the activities that my child participates in to be videoed or photographed and used to promote the betterment of One Mirror Inc.

Signature of parent or legal guardian _____

Date _____

Your Child's name _____ Child's Age _____

Where he or she is attending school _____ School Grade _____

Female _____ Male _____ Hair Color _____ Shoe Size _____

Shirt Size _____ Pant/Skirt Size _____ NOTE: Please check all sizes.

Are your ears pierced _____ Yes _____ No

Emergency phone number _____

Medical information: Allergies _____

Medication currently taking _____

Medical insurance company _____

Policy number _____ Member's Name _____

PHOTO REQUIRED: We need a photo of the participant from the shoulders up and another photo from head to toe. Email these photos to turnyourworld@yahoo.com.

Please complete and give a copy to your high school youth service center coordinator, fax a copy to One Mirror Inc. 606-248-4529, and mail the original to 2920 Cumberland Ave. Middlesboro, KY 40965. Thank you and have a great time on your trip!