

## ***PARENTAL CONSENT FORM FOR PROM/WAITING 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 \_\_\_\_\_ Dress Size \_\_\_\_\_

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](mailto: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!