



SPONSOR and PARENT/GUARDIAN AGREEMENT FORM

SPONSOR: I, (please print name) _____, agree to be responsible for and to supervise the child named during the Indralaya program and dates listed below.

Sponsor Telephone: _____

CHILD'S NAME: _____

PROGRAM NAME: _____

PROGRAM DATES: _____

PARENT: I, (please print name) _____, give permission to the above named sponsor, in the event that I cannot be reached in an emergency, to make decisions regarding the care and treatment my child, named above, receives. I hereby also give permission to the medical personnel selected in such an event to order or administer any needed tests, x-rays or treatment and to hospitalize for such treatment as deemed necessary.

Parent Telephone: _____

MEDICAL INSURANCE INFORMATION

CARRIER: _____

POLICY/GROUP # or ID _____

Please list any known allergies: _____

Please list any current medications: _____

PARENT OR GUARDIAN:

Signature & date

SPONSOR

Signature & Date