

LATO PSA Parent Consent Form

I give my child, _____, permission to take part in all the PSA-related activities offered by the Life After Trauma Organization (LATO). By signing below, I agree to the following:

- I give permission for my child to participate in the LATO PSA Contest
- I allow my child to take part in the activities associated with LATO
- I give permission for my child to take part in excursions or field trips related to the LATO PSA competition under the supervision of his or her Project Manager

Parent/Guardian's Signature (if student is under 18)

Date

Name (print)

Phone Number

Email

EMERGENCY CONTACT

Name (print)

Phone Number

Relationship to Student

Does the student have any allergies, medical conditions, or medication that we should be aware of? If yes, please explain.