

# Town of Tormented Souls Haunted House

## Parental Consent Form

Please fill out the following (print clearly):

**Student Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Grade:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**School District:** \_\_\_\_\_

**Parent(s) Name:** \_\_\_\_\_

**Phone Number(s):** \_\_\_\_\_

**In the event that we are unable to contact either parent/guardian, please supply 2 additional Emergency contact names and telephone numbers. Please include relationship.  
(Mandatory)**

1. \_\_\_\_\_

2. \_\_\_\_\_

**Medical Information:**

**\*Does your child wear contacts?** \_\_\_\_ Yes \_\_\_\_ No

**\*Does your child have any allergies?** \_\_\_\_ Yes \_\_\_\_ No

**If yes, please list any known allergies** \_\_\_\_\_

**\*Is your child allergic to latex?** \_\_\_\_ Yes \_\_\_\_ No

I hereby consent to \_\_\_\_\_ (student name)  
working as a volunteer at the 2009 Town of Tormented Souls Haunted House for dates as  
indicated on the attached calendars Friday-Saturday, 5:00pm until 12:00am; Saturday  
Matinee, 2:00 pm until 4:00 pm.

I understand that every reasonable effort will be made to ensure the safety of my  
child and that KTK Enterprises cannot take responsibility for actions taken between the  
time when I drop off my child and when I pick up my child that do not occur on property.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date: