



University of Delaware Program for Minors
Parent/Guardian Consent Form

I grant permission for (print participant's Name) _____ to participate in all educational and social activities of the following UD program or activity:

Program Name: _____

Program Dates: _____

UD unit/department: _____

I understand that sessions may entail field trips and/or campus facility tours. I also understand that participants may engage in athletic or other recreational activities that have special risks.

I have read the session descriptions and approve of my child's selections. I accept any risks associated with the assigned sessions and selected recreational activities.

I understand that my child has a role to play as regards to their safety and security. I will speak with my child about the need to honor safety rules and behave responsibly.

(Please print):

(Name of Parent or Legal Guardian)

Telephone Number: _____

(Please print): Name and number of Emergency Contact if Parent or Guardian not available:

Name: _____ Telephone Number: _____

Signature: _____ Date: _____

(Parent or Legal Guardian)