

Babysitting Parental/Guardian Consent Form

Please print

Name of student _____

Birth Date:(MM/DD/YY) Must be at least 12 years of age as June 21, 2011

Parent or Guardian Name _____

Circle as applicable: Custodial Parent Legal Guardian

Address _____

City _____ State _____ Zip _____

Telephone contact _____

I/we give permission for the above name student to be enrolled in the two session babysitting course taught at Pioneers Memorial Healthcare District. I/we further acknowledge that the training received in this course does not imply any responsibility for PMHD as to the action of the student when babysitting.

Signature of Parent/ Guardian

Date:
