



INFORMATION CLEARANCE & PARENT CONSENT

ALL INFORMATION COLLECTED WILL
REMAIN PERSONAL AND CONFIDENTIAL

PRINT AND MAIL COMPLETE FORM TO:

New Jersey WAVE
c/o Voorhees Pediatric Facility
Attention: Tricia Cunningham
1304 Laurel Oak Rd
Voorhees, NJ 08034

INFORMATION CLEARANCE AGREEMENT

I agree to allow the Wave staff to review the personal and medical information contained in this packet. I also agree to have this information reviewed by the physicians providing medical clearance for WAVE getaway participation.

PARENT CONSENT AGREEMENT

I, _____ (Parent/ Guardian), have received and reviewed the Information packet regarding the NJ Wave Program, sponsored by the American Lung Association. I do, hereby, give my permission/release for _____ (Child) to attend this residential program from Tuesday June 23 through Friday June 26, 2020 and to participate in all associated activities.

Signature of Applicant

Date

Signature of Parent/Gaurdian

Phone Number