



## Parental Consent & Emergency Medical Authorization Form 2015-16 School Year

Youth Name: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ E-mail: \_\_\_\_\_

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

Telephone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

*If your child does not attend the program and we have not been notified of the absence, we will attempt to contact the parent so that we can both be assured that your child is safe. Please **circle the number** you would like us to call in this situation. (All numbers will be called in an emergency.)*

If Wyoming Youth Services cannot reach me in an emergency please call:

Name: \_\_\_\_\_ Number: \_\_\_\_\_

**MEDICAL AUTHORIZATION:** In the event reasonable attempts to contact me (us) at the above number(s), are unsuccessful, Wyoming Youth Services' staff have my consent to authorize such emergency medical treatment and/or surgery as may be recommended by a qualified and duly licensed physician or dentist and in judgment of the staff is appropriate under the circumstances.

Medical Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Preferred Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_

Physical Impairments/Limitations: \_\_\_\_\_

Medications: \_\_\_\_\_

Allergies: \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

**[Do not complete the REFUSAL TO AUTHORIZE part if you signed above.]**

**REFUSAL TO AUTHORIZE MEDICAL TREATMENT:** I do not give consent for emergency medical treatment of my child. In the event of illness or injury, I wish the Wyoming Youth Services' staff to take no action.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

**PARENTAL CONSENT:** I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_, and hereby give my consent to his/her participation in Wyoming Youth Services' programs and activities. I also release Wyoming Youth Services, it's staff, volunteers, officers, and any other person acting as advisor, supervisor, or leader, from any and all liability or claim arising from injury or illness sustained by him/her during or in connection with such Wyoming Youth Services' activities.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

**PARENTAL CONSENT:** I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_, and hereby give my consent for my child to begin walking home if I am not available to pick my child up by 4:30 p.m. from the Wyoming Middle School. I also release Wyoming Youth Services, its staff, volunteers, officers, and any other person acting as advisor, supervisor, or leader, from any and all liability or claim arising from injury or illness sustained to him/her after leaving any Wyoming Youth Services' activities.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

**PARENTAL CONSENT:** I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_, and hereby give my consent for Wyoming Youth Services staff to attend school meetings concerning my child and to review my child's academic and behavioral progress, including access to my child's *Progress Book* data, throughout the school year.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

**PARENTAL CONSENT:** I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_, and hereby give my consent for my child to be transported to and from Wyoming Youth Services' activities by Wyoming Youth Services' staff, volunteers, or buses. I also release Wyoming Youth Services, it's staff, bus drivers, or any driving volunteers from any and all liability or claim arising from accident or injury sustained while he/she is being transported to and from Wyoming Youth Services' activities.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

**PARENTAL CONSENT:** I, \_\_\_\_\_, am the parent/guardian of \_\_\_\_\_, and hereby give my consent for photographs to be taken of my child while participating in Wyoming Youth Services' activities. These photographs may be used as promotional materials for Wyoming Youth Services, or in the Wyoming Living, the Community Press, or any other publications that may want to use these photos in an article or story.

Date: \_\_\_\_\_ Signature of Parent or Guardian: \_\_\_\_\_

I have been given a copy of the organizations ***Client Rights and Grievance Policy***

We have read the above and understand that by signing this agreement I/my child must abide by these rules. Failure to follow these guidelines may result in exclusion from Wyoming Youth Services' activities for an unspecified amount of time to be determined ultimately by Wyoming Youth Services' staff. **In addition, Parents or Guardians are held financially responsible for any damage their child enacts or is involved in with regards to the Wyoming Middle School and Wyoming Youth Services' property.** We also understand that Wyoming Youth Services is a nonprofit agency that promotes drug, alcohol, and tobacco free lifestyles among youth. Anyone suspected of participating in these actions before and/or during Wyoming Youth Services' activities will immediately be dismissed from the activity and parent(s)/guardian(s) notified.

Signature of Youth: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_