



800 Oak Avenue Wyoming OH 45215 (513) 821-2428

2008-2009
School Year

Parental Consent and Emergency Medical Authorization Form

Youth Name: _____

Parent/Guardian: _____ E-mail _____

Address: _____

Telephone: H: _____ W: _____ Other: _____

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 Bureau 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, the Wyoming Youth Services Bureau's 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 Bureau's 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 the Wyoming Youth Services Bureau's (WYSB) programs and activities. I also release the WYSB, 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 WYSB 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 after WYSB sponsored activity. I also release the WYSB, 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 to him/her after leaving any WYSB activities.

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 WYSB activities by WYSB staff, volunteers, or buses. I also release the WYSB, 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 WYSB 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 the WYSB activities. These photographs may be used as promotional materials for the WYSB, 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 Bureau activities for an unspecified amount of time to be determined ultimately by WYSB staff. **In addition, Parents or Guardians are held financially responsible for any damage their child enacts or is involved in with regards to WYSB property.** We also understand that WYSB 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 WYSB activities will immediately be dismissed from the activity and parent(s)/guardian(s) notified.

Signature of Youth: _____

Signature of Parent/Guardian: _____