

Pacific Yearly Meeting of the Religious Society of Friends

PARENTAL CONSENT FOR MINORS (age 17 and under)

*One form per Minor. This AND the Medical Information Form
both must be turned in before Minor may attend.*

Choose One: <input type="checkbox"/> Children's Program <input type="checkbox"/> JYM (Teens) Other _____

PERMISSION TO ATTEND

I/We, the undersigned parent(s) or person having legal custody/guardian of _____, ("Minor"), give permission for this Minor to attend the activity of Pacific Yearly Meeting of the Religious Society of Friends (PYM) for the Event, dates, and location noted herein: **PYM Annual Session and its activities offered for minors, July 14-19, 2017, at Walker Creek Ranch, Petaluma, CA.**

AUTHORIZATION FOR THIRD PARTY CONSENT TO MEDICAL TREATMENT OF MINOR LACKING CAPACITY TO CONSENT

I/We do hereby authorize any personnel or any staff person(s) of Pacific Yearly Meeting of the Religious Society of Friends, as Agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care for Minor which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority to the aforesaid Agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which a physician meeting the requirements of this authorization may, in the exercise of his/her/their best judgment, deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. I/We hereby authorize any hospital which has provided treatment to the above-named Minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of Minor to my/our herein-named Agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

ACTIVITIES & FIELD TRIP PERMISSIONS

In addition, Minor has my/our permission to participate in any program organized for their age group as part of this Event. This includes permission to go on field trips in buses or private cars (including swimming). It is Pacific Yearly Meeting's policy that all passengers be seat-belted and all drivers have appropriate automobile insurance. *I/We understand that I/we are responsible for direct supervision of Minor when Minor is not participating in such a program and at all times when such a program is not in session.*

SPONSORSHIP PERMISSION

I/We do hereby authorize the adult named below ("Sponsor"), if any, to act as my surrogate in taking responsibility for Minor during Pacific Yearly Meeting of the Religious Society of Friends events on the dates and at the locations noted herein when I/we will not be in attendance. This includes any situation in which Minor may need to or be asked to leave the Event.

PARENTS', LEGAL GUARDIANS', AND SPONSOR'S SIGNATURES

These authorizations shall remain effective for the entire Event unless revoked in writing delivered to said Agent(s). The undersigned agree to hold Pacific Yearly Meeting of the Religious Society of Friends and its officers, agents, teachers and other personnel harmless of any claim by the undersigned arising out of any medical treatment given by or attempted in connection with any medical emergency.

Parent / Legal guardian / Person having legal custody (circle relationship):

Parent/Guardian's Name

Parent/Guardian's Signature

Date

Sponsor if applicable: I will be attending the event described above at the same time as the above-named minor, and I agree to accept the responsibility of sponsoring this Minor:

Sponsor's Name

Sponsor's Signature

Date

PACIFIC YEARLY MEETING
MINOR'S MEDICAL HISTORY & INFORMATION

Choose One: <input type="checkbox"/> Children's Program <input type="checkbox"/> JYM (Teens) Other _____

EVENT: PYM Annual Session 2017

Please fill out this form in ink, one form per Minor. **Add pages if needed.**
This AND the permission form are both needed for Minor to participate.

Minor's Name _____ Birth date (MM/DD/YY): ____/____/____

Medications, dosage and schedule _____

Does program staff need to oversee taking of medication? _____

Is Minor currently under treatment for depression, anxiety, mental health, or physical conditions? If so, please include any specific tips or requests on how we can help support them during the event. _____

Other information or condition: _____

MEDICAL HISTORY/CONCERNS:

Date of last tetanus shot _____

Allergies _____

Name of Minor's Doctor _____

Dr.'s Phone _____

Medical Insurance Company _____

Policy holder's name _____

Group # _____ ID # _____ Policy # _____

If an HMO, please give name and telephone # _____

**** Please have Minor bring a photocopy of health insurance card with them.**

PARENT/GUARDIANS' & EMERGENCY CONTACTS:

Parent 1/Guardian _____ Phone & type _____

Parent 2/Guardian _____ Phone & type _____

In case you cannot be reached in an emergency, name those to be notified below:

EMERGENCY CONTACT PERSON _____ Relationship _____

Phone(s) _____

SIGNATURE: Completed by:

Print Name

Signature

Date

PACIFIC YEARLY MEETING

-- For teen program only --

JYM SERVICE PROJECT CONSENT FORM

*This information and form are also posted on the JYM 2017 webpage:
<https://www.pacificyearlymeeting.org/2017/documents/ypc/welcome-to-jym-2017/>*

Service Project Parental Consent Form – 2017 – REQUIRED (PDF fillable form):
Unfortunately you'll have to go to the JYM website to download this form, because it's a pre-made form from the project host site that can't be pasted into this document. Thanks for your understanding.

Instructions: Click on this link to go to online form or cut/paste or type this URL into your browser: <http://www.pacificyearlymeeting.org/wordpress/wp-content/uploads/2017/05/JYM-Service-Project-Parental-Consent-Form-2017-REQUIRED.pdf>

Save the service project consent form to your hard drive, fill it out, save again, and email or print and mail to the Registrar per instructions in the registration materials (as explained on JYM webpage).

- **About the Service Project:** JYM has organized this off-site service-learning project with Pt. Reyes National Seashore. We will be doing some clean-up and getting a guided tour of the [Kule Loklo Coast Miwok Cultural Exhibit](#). JYM is chartering a bus for transportation there and back, and adults will accompany the group).

JYM – Please continue on next page with the Respectful Relationships consent form. And then you'll be done! Thanks.

PACIFIC YEARLY MEETING

-- For teen program only --

Junior Yearly Meeting -- 2017
“Respectful Relationships” Sexuality Education Parental Consent Form

JYM, like the Our Whole Lives (OWL) curriculum, affirms that parents/guardians are the primary sexuality educators of their children. Therefore, your signature is requested on this consent form to opt in or out of this session.

I have read the Document “What to expect for parents and sponsors of teens” (found at <http://www.pacificyearlymeeting.org/youth/jym/>) and understand I may contact the JYM adult committee with any questions.

I [DO] or [DON'T] (***select one***) give permission for my child, _____ (name), to participate in the JYM Respectful Relationships sexuality education sessions.

Parent/Guardian's Name

Parent/Guardian's Signature

Date

Background:

While optional, Respectful Relationships has received some of the highest ratings from JYM participants on their evaluations, and we hope parents/guardians will support their child's participation. We continue offering the program with the support of the PYM Youth Programs Coordinator, incorporating some materials from the *Our Whole Lives, Sexuality and Our Faith (OWL)* curriculum that was created by the Unitarian Universalist Association and the United Church of Christ.

JYM's planning committee and the Youth Programs Coordinator believe that OWL's assumptions and values of “self-worth, sexual health, responsibility, and justice and inclusivity” align well with PYM Friends' beliefs. Sexuality is defined in OWL as a good part of the human experience” and “much more than sexual behavior.”

Goals:

- To provide accurate information that young people need about sexuality. We believe that accurate information is essential, especially for young adults, and that holding back knowledge will hinder healthy sexual development.
- To provide a forum in which all questions are legitimate and appropriate.
- To provide learning about sexuality issues that goes beyond just factual information and that will be useful throughout participants' lives.
- To help participants to develop the skills necessary to make good decisions that will allow for a healthy, satisfying life.

Please note that Respectful Relationships is not a full OWL program, nor will it adhere only to OWL materials. If you are interested in the more in- depth OWL version, we encourage you to see if OWL is offered in your community, perhaps in a local UU or UCC church. More information about OWL can be found at:

<http://www.ucc.org/justice/sexuality-education/our-whole-lives.html>

<http://www.uua.org/re/owl/>