

Pacific Yearly Meeting of the Religious Society of Friends

Choose One:
[] Children's Program
[] JYM (Teens)
Other \_\_\_\_\_

PARENTAL CONSENT FOR MINORS (age 17 and under)

One form per Minor.

Consent From AND the Medical Information Form both must be turned in before Minor may attend.

PERMISSION TO ATTEND

I/We, the undersigned parent(s) or person(s) having legal custody/guardianship 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:

EVENT: PYM Annual Session, July 13-18, 2018, at Walker Creek Ranch, Petaluma, CA, USA

PROGRAM, ACTIVITIES & FIELD TRIP PERMISSIONS

In addition, Minor has my/our permission to participate in any program or activity 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 or activity and at all times when such a program or activity is not in session.

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 PYM as Agent(s) for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, or hospital care for Minor which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician or 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.

SPONSORSHIP PERMISSION

I/We authorize the adult(s) named below ("Sponsor"), if any, to act as my surrogate in taking responsibility for Minor during this PYM Event 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 or the program or activities organized for minors within the Event.

Sponsor Signatures (if applicable): I will 18 years of age or older as of the first day of this Event and will be attending this Event at the same time as this Minor. I agree to accept the responsibility of sponsorship described herein.

Sponsor #1 Name (if applicable) Sponsor #1 Signature Date

Sponsor #2 Name (if applicable) Sponsor #2 Signature Date

PARENT OR LEGAL GUARDIAN SIGNATURES

The undersigned agrees to hold PYM 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. These authorizations shall remain effective for the entire Event unless revoked in writing delivered to said Agent(s).

Circle relationship: Parent / Legal guardian / Person having legal custody

Parent/Guardian Name Parent/Guardian's Signature Date

**Pacific Yearly Meeting of the Religious Society of Friends**  
**MINOR'S MEDICAL HISTORY & INFORMATION**

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

**EVENT: PYM Annual Session 2018**

Minor's Legal Name: \_\_\_\_\_ Birth Date (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_  
Nickname (if applicable): \_\_\_\_\_ Pronouns (e.g., they, she, he....): \_\_\_\_\_  
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/GUARDIAN & SPONSOR CONTACTS:**

Parent 1/Guardian \_\_\_\_\_ Phone & type \_\_\_\_\_  
Parent 2/Guardian \_\_\_\_\_ Phone & type \_\_\_\_\_  
Sponsor 1 \_\_\_\_\_ Phone & type \_\_\_\_\_  
Sponsor 2 \_\_\_\_\_ Phone & type \_\_\_\_\_

**EMERGENCY CONTACT** *In case you cannot be reached in an emergency:*

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone(s) \_\_\_\_\_

**SIGNATURE: Completed by:**

\_\_\_\_\_  
Parent/Guardian Name                      Parent/Guardian's Signature                      Date

# Pacific Yearly Meeting of the Religious Society of Friends

## -- For teen program only --

### Junior Yearly Meeting 2018 "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. The PYM Youth Programs Coordinator and a subcommittee of Ministry & Oversight Committee support JYM in this work. We incorporate 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.

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 of OWL and JYM Respectful Relationships:

- 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 JYM's 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/>