

Pacific Yearly Meeting - Religious Society of Friends

PARENTAL CONSENT FOR MINORS (age 17 and under)

One form per child. This AND the medical information form must be turned in before your child may attend any PYM children's/teens' program.

PERMISSION TO ATTEND

I/We, the undersigned parent(s) or person having legal custody/guardianship of _____, a minor, give permission for this minor to attend the Junior Yearly Meeting Teen Program and/or children's program of Pacific Yearly Meeting of the Religious Society of Friends for the dates and location noted below.

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

I/We, the undersigned parent(s) or person having legal custody/guardianship of _____, a minor, 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 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 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 such minor to my/our above-named agent(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California.

FIELD TRIP PERMISSION

In addition, the above minor has my/our permission to participate in the program of Pacific Yearly Meeting of the Religious Society of Friends organized for his/her age group. 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.

SPONSORSHIP PERMISSION

I/We do hereby authorize the adult named below (SPONSOR) to sponsor the above-named minor during Pacific Yearly Meeting of the Religious Society of Friends events on the dates and at the locations noted below when I/we will not be in attendance.

PARENTS' AND SPONSOR'S SIGNATURES

These authorizations shall remain effective for July 25, 2011 through July 30, 2011 unless sooner 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):

DATE PRINTED NAME SIGNATURE

Sponsor: 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 the minor:

DATE PRINTED NAME SIGNATURE

**PACIFIC YEARLY MEETING
MEDICAL HISTORY & INFORMATION**

Please fill out this form in ink, one form per youth. Use the back of this page if needed. This and the permission form are both needed for your youth to participate.

NAME: _____ **BIRTHDATE** _____

Medications, dosage and schedule _____

Do staff need to oversee taking of medication? _____

Is your child/ teen currently under treatment for depression, anxiety, mental health, or physical conditions? _____

Other information _____

MEDICAL HISTORY/CONCERNS:

Date of last tetanus shot _____

Allergies _____

Doctor _____ Telephone _____

Insurance company _____

Policy holder's name _____ Policy # _____

If an HMO, please give name and telephone # _____

Child/Teen's social security number _____ - _____ - _____

PARENTS' OR GUARDIANS' EMERGENCY NUMBERS DURING EVENT:

Mother / legal guardian's name _____ Phone/Cell _____

Father / legal guardian's name _____ Phone/Cell _____

IN THE EVENT THAT PARENT / LEGAL GUARDIAN CANNOT BE CONTACTED, CALL:

Name _____ Relationship _____ Telephone _____

PLEASE NOTE: The minor needs to bring his/her insurance card (or a photocopy) to the event

Date completed _____ By _____ (print name)

Signature _____