

## PARENTAL CONSENT FOR MINORS (age 17 and under)

### One form per Minor.

**Consent Form 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 Event planned by members of Pacific Yearly Meeting (PYM).

<b>EVENT:</b>
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#### 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. 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 of the designated adult chaperones 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 --medical, behavioral, or otherwise--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 be 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 and in the PYM Child Abuse Prevention Policy at this link (also found under the “Youth” tab on the website menu): [https://www.pacificyearlymeeting.org/wordpress/wp-content/uploads/2010/09/PYM\\_Abuse\\_Prev\\_Policy\\_FinalApproved\\_AS2017.pdf](https://www.pacificyearlymeeting.org/wordpress/wp-content/uploads/2010/09/PYM_Abuse_Prev_Policy_FinalApproved_AS2017.pdf)*

\_\_\_\_\_  
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 the Event organizers 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

**MINOR'S MEDICAL HISTORY & INFORMATION**

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:**

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 \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policyholder'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**