Pacific Yearly Meeting of the Religious Society of Friends

PARENTAL CONSENT FORM FOR MINORS (aged 17 and under)

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:

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 --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): pacificyearlymeeting.org/wordpress/wp-content/uploads/2010/09/PYM_Abuse_Prev_Policy_FinalApproved_AS2017.pdf*

_____ _____

Sponsor #1 Name *Signature Date*

_____ _____

Sponsor #2 Name (if applicable) *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**

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MINOR'S MEDICAL HISTORY & INFORMATION

One per minor

EVENT:	

Minor's Legal Name: _____

Birth Date (MM/DD/YY): / /

Nickname (if applicable): **Pronouns**

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 _____ Insurance Company _____

Allergies _____ _____

Minors Doctor Name _____ Doctors phone _____

Policy Holder Name _____ Group # _____

ID # _____ Policy # _____

Telephone of policy holder _____

PARENT/GUARDIAN & SPONSOR CONTACTS (must be onsite):

Parent / Guardian / Sponsor	Name	Phone
Contact 1		
Contact 2		

EMERGENCY CONTACT ***In case you cannot be reached in an emergency (can be off site):***

Name_____ Relationship Phone(s)_____

Parent/Guardian Signature:_____ **Program Lead Initial:** _____

Date _____