

**2017 Association of NYS Youth Bureaus Leadership Forum**  
**Permission Slip/Emergency Data Form**  
\_\_\_\_\_ Youth Bureau

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Parent Work Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Insurance Carrier Name & Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Relationship: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medication Currently Being Used: \_\_\_\_\_

Anything else we should know: \_\_\_\_\_

**AUTHORIZATION FOR TREATMENT OF MINOR**

▲ Attendance Permission: I, the undersigned, parent or legal guardian of \_\_\_\_\_, give my child permission to attend the NYS Youth Leadership Forum in Albany, NY on February 6-7, 2017. I do not hold the Association of NYS Youth Bureaus responsible for my child. I assume all liability for my child at this Leadership Forum.

▲ Medical Permission: I, the undersigned, parent or legal guardian of \_\_\_\_\_, a minor, do hereby consent to the nurse or physician selected by the chaperone in charge of my child to perform routine tests and treatment for the health of my child. In the event that I cannot be reached in an emergency, I hereby give permission for the physician selected by the chaperone from \_\_\_\_\_ (Agency or Youth Bureau) to hospitalize, secure proper treatments for and order injection, anesthesia, or surgery for my child as named above. In the event of any emergencies during the NYS Youth Leadership Forum in Albany, NY, on February 6-7, 2017, the undersigned hereby grants authority to be exercised at the discretion of Youth Bureau personnel to dispense over-the-counter medication.

▲ Photo Release: I, the undersigned, give my permission to have my child photographed and have photos placed in publications that might result from participation in the event.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date