

2019 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 4-5, 2019. 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 _____ (School, 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 4-5, 2019, the undersigned hereby grants authority to be exercised at the discretion of the chaperone 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