

### FY22 Summer Surge Permission Form

Parent/Legal Guardian must complete this form for youth to be eligible to participate.

Youth's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Parent/Guardian (1) Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian (2) Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Number(s) to call for reminder/meeting changes? \_\_\_\_\_

**In case of emergency:**

Hospital preference: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Youth's Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Medical Information:**

1. Is your child currently being treated for an injury/illness or taking medication for any reason?  
\_\_\_\_ Yes \_\_\_\_ No. If yes, please explain and list medications below:

\_\_\_\_\_  
\_\_\_\_\_

2. Does your child have any allergies? If yes, please explain: (Please include if youth requires EPI-Pen)

\_\_\_\_\_  
\_\_\_\_\_

3. Does your child have (or ever had) any of the following? (Circle all that apply and explain)

Asthma    Kidney Disease    Seasonal Allergies    Seizures    Diabetes    Heart Murmur/Disease  
Other

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Does your child have any physical condition which would prevent him/her from participating in regular physical activity? If yes, explain:

\_\_\_\_\_  
\_\_\_\_\_



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**Medical Treatment Authorization:**

I understand as Parent/Legal Guardian of this child that I will be notified in case of a medical emergency regarding my child. In the event I cannot be reached, I authorize Midwest Youth Services Adult Staff Member to act on my behalf in making emergency medical care decisions. In the event I cannot be reached, I hereby give my consent to medical treatment as deemed necessary and rendered by a licensed physician. I understand that Midwest Youth Services will not be responsible for medical expenses or liable for injuries that may occur while participating in the JYC Youth Council.

\_\_\_\_\_  
(Signature of parent/legal guardian)

\_\_\_\_\_  
(Date)

**Consent to Photograph:**

I give Midwest Youth Services permission to use my child’s name and photograph in all forms in connection with any news release or story and to use and distribute for publications, for publicity, educational and promotional purposes and use on social media.

\_\_\_\_\_  
(Signature of parent/legal guardian)

\_\_\_\_\_  
(Date)

**Transportation:**

I understand that it is my responsibility to provide transportation for my child to and from meetings and events. If transportation is provided and available for projects or activities, I give authorization/consent for my child to be transported by Midwest Youth Services staff.

\_\_\_\_\_  
(Signature of parent/legal guardian)

\_\_\_\_\_  
(Date)

**Participation:**

I, the legal parent, or guardian of the child named above, give permission to MIDWEST YOUTH SERVICES to allow him/her to participate in the Summer Surge Program. We/I hold MIDWEST YOUTH SERVICES harmless from my loss or liability as a result of our/my child’s participation in the program.

\_\_\_\_\_  
(Signature of parent/legal guardian)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of youth)

\_\_\_\_\_  
(Date)