

PARENTAL PERMISSION & EMERGENCY MEDICAL FORM

Participant's Name: _____ has my permission to participate in the 2017 YWIH Festival on (date), and I hereby authorize the Festival coordinators to arrange for any necessary medical treatment in the event of a medical emergency.

In case of emergency, please contact:

Name of Emergency Contact

(_____) _____
Phone Number

Relationship

Parent or Guardian (please PRINT clearly)

(_____) _____
Phone Number

Date

The participant will be traveling to and from the event at (Location) with (check one):

Parent or Guardian

Other Adult Supervision (Specify: _____)

Student is authorized to drive by herself (Parental signature required _____)

I hereby authorize the Festival coordinators to photograph my child(ren) for publicity in group activities related to the program. Please read and sign the back of this form giving permission to use your child's name and/or photographs taken during the Festival.

Medical Information – Please inform us of any special medical conditions: (Attach additional pages as needed)

Medication Allergies _____

Food Allergies or Special Dietary Needs _____

Parent Signature _____