

NORTH PACIFIC YEARLY MEETING–2017
Youth Medical Release and Information Form

Please use a separate form for each child.

Child's name: _____ DOB: _____

Child's physician: _____ Phone: _____

Health Insurance Provider: _____ ID#(s) _____

Medications: _____

_____ Date of last tetanus shot:

Please use the back of this form for any additional information the program should know about your child, such as how s/he interacts with others, any learning differences, good friends or favorite foods.

I give my child permission to attend children's activities and programs at the 2017 NPYM Annual Session at University of Puget Sound in Tacoma, Washington, from Wednesday, July 26 through Sunday, July 30, 2017. Activities may include walking field trips outside of the University of Puget Sound campus. The undersigned parent or legal guardian of the above named minor hereby authorizes Mim Coleman, Jed Walsh, Morgan Meadows, or one of the other adult leaders of the child's programs to consent to any emergency medical or surgical treatment of said minor which such person deems advisable at his or her discretion. This authorization will be in effect on the days listed above, during the hours of the NPYM Children's Program or Children's Activities until the child is signed out by the parent, legal guardian or sponsor.

I also give permission for my child to participate in a field trip on the afternoon of July 28, 2017. The planned activity is riding in motor vehicles to and from and playing in the water at Titlow Sprayground in Tacoma Washington.

Please ask questions about the field trip: Mim Coleman chilprogram@npym.org,

(253) 888-1995. If you decide your child will not participate, an alternative on site activity will be agreed upon.

IF NO PARENT WILL BE WITH THIS CHILD DURING ANNUAL SESSION:

Adult sponsor's name: _____ Meeting _____
Secondary Sponsor's name: _____ Meeting _____

The undersigned parent or legal guardian of the above named minor hereby authorizes _____ (sponsor) to consent to any emergency medical or surgical treatment of said minor which such person deems advisable at his or her discretion. This authorization will be in effect on the days listed above, beginning with transport of minor to NPYM and ending upon return to parent(s) or legal guardian. If a person other than the above listed sponsor is to provide transportation, a secondary sponsor shall also be designated and sign below. Secondary sponsor will have the same discretion for authorizing treatment as the main sponsor.

I give my child permission to attend the 2017 NPYM Annual Session at University of Puget Sound, in Tacoma, Washington, from Wednesday, July 26 through Sunday, July 30, 2017, under the care of the adult sponsor(s) listed on this form.

Parent's Signature

Date

I agree to assume responsibility for the above named minor during the dates listed.

Sponsor's Signature

Date

Secondary Sponsor's Signature

Date

During annual session the parent or legal guardian of the above named minor will be at the following location:

Name: _____

Address: _____

Phone: _____

Please list any additional locations to the right or on the back.