

NORTH PACIFIC YEARLY MEETING

July 15 – 19, 2015

Junior Friends Sponsorship and Medical Release Form

Please use a separate form for each Junior Friend not accompanied by Parent or Legal Guardian

(Parents: make two copies and attach a copy of your child's medical insurance card to each.

Give one copy to your child's sponsor, and send one copy to Jay Thatcher,

Minor's name: _____ DOB _____ Age: _____

Adult sponsor's name: _____ Meeting: _____

Secondary Sponsor's name: _____ Meeting: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

The undersigned parent or legal guardian of the above named Junior Friend 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 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.

Parent Name _____ Phone _____ Cell _____

Parental location during this time?

Alternative Emergency Contact _____ Phone _____ Cell _____

Child's physician: _____ Phone: _____

Health Insurance Provider: _____ Group ID#: _____

List any chronic allergies, illness, or conditions of concern of above named minor:

Medications: _____ Date of last tetanus shot: _____
(Use back of this form for any additional information you think the sponsor should know.)

I give my child permission to attend the 2015 NPYM Annual Session at Pacific University in Spokane, Washington from Wednesday, July 15 through Sunday, July 19, 2015, under the care of the adult sponsor(s) listed on this form.

Parent's Signature

Date