

## **Be the Change Youth Convergence Permission Slip/Medical Release**

Participant's Name \_\_\_\_\_

Guardian's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

In case of an emergency where medical attention is required, I give permission to a "Be the Change" youth convergence staff member to obtain the services of a licensed physician. Please attempt to notify me immediately in any such emergency.

I, \_\_\_\_\_, hereby affirm and agree that I the parent or legal guardian of, \_\_\_\_\_, a minor; that I am legally competent to sign this agreement and release; that I have fully informed myself to the agreement by reading and signing it; and that I have fully informed myself of the activities before signing this release.

I agree individually and on behalf of my minor, to release and to hold harmless "Be the Change" staff, employees, and offices from liability of any kind. I personally assume all liabilities in the minor's participation in the activity and agree to indemnify the "Be the Change" youth convergence from any liability. This release includes all risks connected with the activity, where foreseen or unforeseen.

**In the event that the minor is injured during any activity, and I am unable to provide consent to his or her medical treatment, I authorize the youth convergence staff to consent on my behalf to the performance of any and all medical treatments judged**

**necessary by the staff, until I am able to provide consent or until someone legally able to speak on the minor's behalf is made available. I agree, individually, and on behalf of my minor to, release, indemnify, and hold the youth convergence staff harmless from any liability which may be assessed against the staff as a direct or indirect result of the said medical treatment. I agree to pay or arrange for payment for all costs associated with said medical treatment.**

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Health Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_

Medical Update

Birth Date \_\_\_\_\_

Last Tetanus Shot \_\_\_\_\_

Current Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Special Medical Instructions \_\_\_\_\_

\_\_\_\_\_