

I give permission for my child to go to 2017 North American Youth Congress in Indianapolis, IN. I release the individuals organizing this trip from liability in case of an accident, as long as normal safety procedures have been taken.

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent's/Guardian's Signature

Date

Emergency Contact and Medical Information for a Child

Child's Name

Date of Birth

M F
Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

()
Home Phone

()
Work Phone

()
Home Phone

()
Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

()
Home Phone

()
Work Phone

()
Home Phone

()
Work Phone

Address

Address

City, ST ZIP Code

City, ST ZIP Code

Medical Information

Hospital/Clinic

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations