

**27TH ANNUAL PEER LEADERSHIP CONFERENCE AND/OR
7TH ANNUAL MAINE YOUTH ANTI-TOBACCO SUMMIT
PERMISSION TO PARTICIPATE**

**All participants must complete and submit this permission slip.
You may not substitute your own school's or program's permission slip!**

Youth's Name	
Attending Advisor's Names	
Youth Date of Birth	
Parent/Guardian's Name(s)	
Parent/ Guardian Contact Info (address/ home phone #/ Cell #)	
Emergency Contact Person & Contact Info (address/ phone #s)	
List any medical restrictions or conditions of youth including allergies:	
List Medications:	

- I give my daughter/son/ward permission to attend & participate in event activities at the:
(please check all that apply)
 _____ 27th Annual Peer Leadership Conference on November 11th at the Augusta Civic Center
 _____ 7th Annual Maine Youth Anti-Tobacco Summit on November 12th at the Augusta Civic Center
- I understand that my child will be supervised by the adult advisor named above.
- I give permission to the adult advisor named above to seek emergency medical attention for my child and to transport my child to a medical care provider in an emergency. I understand the advisor named above will make every effort to contact me in the event of an emergency. I give permission to the treating medical providers/institution to provide treatment deemed medically necessary. I will not hold MYAN/PROP responsible for damages/injuries resulting from any emergency medical treatment. I understand that I will be responsible for the cost of any emergency medical treatment that is provided.
 - Please list any limits to medical treatment: _____
- I give the Peoples Regional Opportunity Program's (PROP) Maine Youth Action Network (MYAN) the right, in the case of a medical emergency, to provide the listed information about my child to attending medical personnel or to PROP/MYAN staff and/or volunteers.
- My child has my permission to be videotaped or photographed during participation in the event(s). I understand this material may be used by MYAN for promotional or educational purposes and/or by local media for news coverage. **If you do not agree to have your child photographed during this event, please initial before this line.*
- I understand that there are inherent challenges and risks associated with participation in these events, and hold PROP/MYAN harmless from any action or claims arising from these activities.
- I have read this document, I understand its contents, and I agree to its terms.

Parent or Guardian Signature _____ Date _____