



2018 MAINE YOUTH ACTION NETWORK'S YOUTH LEADERSHIP CONFERENCE 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 (home phone #/ Cell #)	
Emergency Contact Person & Contact Info (phone #s)	

Does your child have: (circle yes or no)

- Medical restrictions? Yes No
- Medical conditions? Yes No
- Allergies to medication? Yes No
- Allergies to food? Yes No

If you circled yes for any of the questions above, please describe:	
List any medications and what they are treating:	

- I give my child/ward permission to attend & participate in event activities at the MYAN Youth Leadership conference.
- I understand that my child will be supervised by the adult advisor named above.
- I give permission to the medical staff at the MYAN Youth Leadership conference to provide medical care to my child as needed.
- I give permission to the medical staff at the MYAN Youth Leadership conference to administer ibuprofen or acetaminophen as needed for pain.
- In the case of an emergency, 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/OA 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 understand that there are inherent challenges and risks associated with participation in these events, and hold The Opportunity Alliance/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.

Photos/Video Permission

By signing below, I give my permission for my child to be videotaped or photographed during participation in the event. I understand this material may be used by MYAN for promotional or educational purposes and/or by local media for news coverage.

(Only initial here if you do NOT want your child to be photographed/videotaped _____)

Acknowledgment

I give The Opportunity Alliance (TOA) and 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 TOA/MYAN staff and/or volunteers. I understand that staff will contact the above listed emergency contact if there is an emergency.

Parent or Guardian Signature: _____

Date: _____