



Youth Leadership Summit Parental Consent/Emergency Data Form

Name of Coalition *(of which you are a member)*: _____

Name: _____

Address: _____ City: _____ Zip: _____

Date of Birth: _____ Grade: _____ Home Phone Number: _____

Parent/Guardian: _____

Parent Work Phone Number: _____ Cell Phone: _____

Emergency Contact: _____

Address: _____ City: _____ Zip: _____

Phone Number: _____ Relationship: _____

Family Physician: _____ Phone Number: _____

Allergies: _____

Medical Issues or Concerns: _____

Medication(s) Currently Being Used: _____

Anything else we should know: _____

PARENTAL CONSENT & AUTHORIZATION FOR TREATMENT OF MINOR

Permission to Participate in Event

Attendance Permission: I, the undersigned, parent or legal guardian of _____, give my child permission to attend and participate in the Western New York Prevention Resource Center (WNY PRC) Youth Leadership Summit to be held at Buffalo State College in Buffalo, NY on November 5, 2022 (9am-3pm).

Permission for Medical Treatment

Medical Permission: I, the undersigned, parent or legal guardian of _____, a minor, do hereby consent to allow emergency medical staff, the adult advisor(s) and/or WNY PRC to take appropriate action as needed and/or in the event of an emergency in which the parent/guardian cannot be contacted.

Photograph/Video Waiver

Photo Release: I, the undersigned, give my permission to have my child photographed and have photos placed in publications that might result from participation in the event. By submitting this form, you give permission to WNY PRC to use photographs, videotapes, film and audio or other likenesses of my child in which your youth appear as a participant for educational and publicity/promotional purposes for or related to WNY PRC's and/or the coalition's work. These can also be used by WNY PRC in published materials.

General Release of Liability

The undersigned agrees to release, waive, discharge, and hold harmless GCASA and the WNY PRC, its directors, officers, employees, agents, and volunteers from any and all claims, suits, losses, or related causes of action for damages during or arising in any way from participation in this training event. You are being asked whether or not you will permit your child to participate in this training. If you wish to give permission to participate, and you agree with the statement below, **please check the box below.**

I understand the information provided in this form and give permission for my child to participate in this youth leadership training. I am 18 years of age or older. I have read and understand the above statements.

Signature of Parent/Guardian

Date