



This form will enable your child to participate in the Youth Go activities described below. It is our policy to contact parents/guardians in case of an emergency and the information contained on this form will help us to reach you quickly. The medical authorization will prevent delay of treatment for your child in the event that you cannot be reached in an emergency. We use the emergency facilities of Theda Clark Regional Medical Center.

Name of Activity: Winter Lock In

Date: Monday, 12/23/19 - Tuesday, 12/24/19

"Lock-In" begins at: 10pm

"Lock-In" ends: 9am

Location of Activity: Youth Go

Cost: none

Items to bring: sleeping bag, pillow, pajamas, deodorant, toothbrush and toothpaste (if you need any of these items, please talk to Angie!)

Rules: ***No leaving the center without permission from the staff member(s) present.***

No violence or threats of violence

No use of alcohol or other drugs

Detach and return to Youth Go

***I give my permission for _____ to participate in the program outlined above, and receive transportation through Youth Go. I will not hold Youth-Go, Inc., staff members or any of its representatives liable for any accident or injury. I understand that if my son/daughter violates any of the rules outlined above, I will be informed and expected to make any arrangements necessary for his/her immediate return home.

Special health problems: _____

Insurance Company _____ Policy #'s _____

Family Physician _____ Phone _____

If a parent cannot be reached, contact:

Name _____ Phone _____

I hereby authorize the treatment, administration of anesthesia and surgical treatment(s) for my minor child,

_____,
(Name of Child)

In the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital and both physician and nursing personnel within the hospital as well as any physician where treatment is rendered in the physician's office.

Date

Signature of Parent or Guardian

Home Phone Number

Work Phone Number