

Return by Thursday, March 28, 2024



PARENT PERMISSION FOR TRANSPORTATION AND MEDICAL TREATMENT CONSENT FOR MINORS

This form will enable your child to participate in the out-of-center activities described below. It is our policy to contact parents 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 or the nearest emergency facility for out-of-town activities.

\*\*ALL DETAILS ON BACK OF FORM\*\*

- Friday, March 29, 2024 CLOSED
Monday, April 1, 2024 Separate permission slip for youth in 9th-12th
Tuesday, April 2, 2024 Laser tag @ Badger Sports Park
Wednesday, April 3, 2024 Roller skating @ Skate City
Thursday, April 4, 2024 Cookies and Competitions @ Youth Go
Friday, April 5, 2024 Scavenger hunt around Neenah/Menasha

Items to bring: Dress for the activities you plan to attend.

Rules: No leaving the group 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
Address Work Phone Number

Laser tag: \_\_\_ Roller skating: \_\_\_ Cookie & Competition pick up: \_\_\_ Scavenger hunt: \_\_\_

**Monday, April 1, 2024**

Youth in 9<sup>th</sup> – 12<sup>th</sup> only.

Separate permission slip

**Tuesday, April 2, 2024**

Pick-ups from **12:30-1pm**

Center closes @ **7:30pm**

**\*No rides home\***

**Laser tag @ Badger Sports Park**

Out of center for activity from 2-5pm

*Lunch and dinner provided*

**Wednesday, April 3, 2024**

Pick-ups from **2:30-3pm**

Rides home **8:45-9:30pm**

**Roller skating @ Skate City**

Out of center for activity from 5:30-9pm

*Dinner provided*

**Thursday, April 4, 2024**

Center open @ **12pm**

Optional pick-ups **12:30-1pm**

Center closes @ **7:30pm**

**\*No rides home\***

**Cookie & Competition Day**

Activities happening at the center @ 2pm

*Lunch and dinner provided*

**Friday, April 5, 2024**

Pick-ups from **10-10:30am**

Rides home **1:30-2pm**

**Scavenger hunt around Neenah/Menasha**

Out of center for activity from 10am-2pm

*Brunch provided*

youth in 5<sup>th</sup>-8<sup>th</sup> only

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