

Return by Wednesday, March 27



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.

Name of Activity: Virtual Reality Date: Monday, April 1, 2024

Youth in 9th-12th only

Picked up by Youth Go between: 11-11:30am Dropped off at home by: 5:30pm

Location of Activity: Edge VR Arcade

**You will need an online waiver filled out before turning permission slip in. Instructions on back **

Items to bring: Dress in clothing you can move around in.

Lunch and a snack will be provided

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

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Instructions for filling out online waiver:

If you need help or access to computer/internet, please come to Youth Go to fill out the waiver

<https://waiver.smartwaiver.com/w/5a4be09fbf6ba/web/>

Scroll down and click "minor(s)"

Select the number of children you are signing a waiver for

Click "continue"

Fill in all required information

Click "agree to this document"