

Return by Friday, August 23, 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.

Youth Go is only open for these events this week
ALL DETAILS ON BACK OF FORM

Monday, August 26, 2024
Tuesday, August 27, 2024
Wednesday, August 28, 2024
Thursday, August 29, 2024
Friday, August 30, 2024

Kayaking **High School Youth Only**
Mini golf @ On the Fringe
Hike @ 1000 Islands Environmental Center
Playground and Picnic @ Fritse Park
Bowling @ Rolling Thunder Lanes

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 _____

Work Phone Number _____

Kayak: ___ Mini Golf: ___ Hike: ___ Playground: ___ Bowling: ___

Monday, August 26, 2024

Arrive to Youth Go @ 1pm

Kayaking @ Muller Park, Wrightstown

Leave Youth Go @ 5:30pm

Dinner included

Tuesday, August 27, 2024

Arrive to Youth Go @ 12:30pm

Mini golf @ On the Fringe

Leave Youth Go @ 3:30pm

Lunch included

Wednesday, August 28, 2024

Arrive to Youth Go @ 12:30pm

Hike @ 1000 Islands Environmental Center

Leave Youth Go @ 3:30pm

Lunch included

Thursday, August 29, 2024

Arrive to Youth Go @ 12:30pm

Playground and Picnic @ Fritse Park

Leave Youth Go @ 3:30pm

Lunch included

Friday, August 30, 2024

Arrive to Youth Go @ 2:30pm

Bowling @ Rolling Thunder Lanes

Leave Youth Go @ 5:30pm

Dinner included
