



## PARENT PERMISSION AND MEDICAL TREATMENT CONSENT FOR MINORS

This form will enable your child to participate in out-of-center activities. 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 you 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-center activities.

### **Brewer's Game** - June 12<sup>th</sup> - American Family Field, Milwaukee

Arrive at Youth Go: 3:00 PM

Dropped off at home by: Midnight

Dinner will be served at center before leaving for the game

Actual Cost: \$9    You Pay: \$0

### **Mt. Olympus** - June 26<sup>th</sup> - Wisconsin Dells

Arrive at Youth Go: 9:30AM

Pick up at Youth Go: 9:00 PM

Packed lunch provided

Actual Cost: \$30    You Pay: \$15

Detach Here

\*\*\*I give my permission for \_\_\_\_\_ to participate in the following programs:

☐ Brewer's Game on June 12, 2025

☐ Mt. Olympus on June 26, 2025

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 # \_\_\_\_\_

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.

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

\_\_\_\_\_  
Name of Parent or Guardian

\_\_\_\_\_  
Work/ Alternative Phone Number

# What to bring with you:

Brewers Game:

- ◇ Sunscreen
- ◇ Hat
- ◇ Spending money

Mt. Olympus:

- ◇ Change of clothes
- ◇ Swimsuit and towel
- ◇ Sunscreen
- ◇ Spending money