

Arrive at Youth Go: 10:30 AM

Pollock Waterpark- August 7th - Oshkosh, WI

## 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.

	Name of Parent or Guardian	 Work/ Alternative Phone Number
Date	Signature of Parent or Guardian	Home Phone Number
contact me. This auth	· · · · · · · · · · · · · · · · · · ·	r when the hospital or physician(s) are unable to hysician and nursing personnel within the hospital as 's office.
hereby authorize the	treatment, administration of anesthesia and	surgical treatment(s) for my minor child.
Name	Phone_	
f a parent cannot be	reached, contact:	
	Phone	
special health proble nsurance Company	ms:Policy #	
that if my son/daugh <sup>.</sup> arrangements necess	ter violates any of the rules outlined above, l ary for his/her immediate return home.	,
	☐ Mt. Olympus on Augu	st 21 <sup>st th</sup> 2025
	☐ Pollock Park on Aug	
***l give my p	ermission for	to participate in the following programs:
	Detach Here	
Arrive at Youth Go: 9 Pick up at Youth Go: Packed lunch provide Actual Cost: \$30 You	9:00 PM ed (please bring packed dinner or spending mo u Pay: \$15	ney)
Mt. Olympus - Augu	ıst 21st – Wisconsin Dells, WI	
Actual Cost: \$5 Y	ou Pay: \$5	
Packed lunch provid		
Pick up at Youth Go:	4:00 PM	

## What to bring with you:

## **Pollock Waterpark**

- $\diamondsuit$  Change of clothes
- $\Diamond$  Swimsuit and towel
- ♦ Sunscreen
- $\Diamond$  Spending money (optional)

## **Mt Olympus**

- ♦ Sunscreen
- $\diamondsuit$  Comfortable walking shoes
- ♦ Packed dinner or spending money