



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.

Hike and Swim at Plamann Park- July 10th - Appleton, WI

Arrive at Youth Go: 10:30AM
Pick up at Youth Go: 4PM
Packed lunch provided
Actual Cost: \$11 You Pay: \$5

Discovery World - July 17th - Milwaukee, WI

Arrive at Youth Go: 9:30AM
Pick up at Youth Go: 5PM
Packed lunch provided
Actual Cost: \$37 You Pay: \$15

Henry Villas Zoo and Babcock Dairy Store @ UW Madison - July 24th - Madison, WI

Arrive at Youth Go: 9:30AM
Pick up at Youth Go: 5PM
Packed lunch and ice cream provided (lactose free ice cream available)
Actual Cost: \$26 You Pay: \$10

Detach Here

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***I give my permission for _____ to participate in the following programs:
☐ Hike and Swim at Plamann Park on July 10th 2025
☐ Discovery World on July 17th 2025
☐ Henry Villas Zoo and Babcock Dairy Store on July 24th 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:

Plamann Lake and Park

- ◇ Change of clothes
- ◇ Swimsuit and towel
- ◇ Sunscreen
- ◇ Comfortable walking shoes

Discovery World

- ◇ Spending money
- ◇ Comfortable walking shoes

Henry Villas Zoo

- ◇ Spending money
- ◇ Sunscreen
- ◇ Comfortable walking shoes