

**ERIE-MEADVILLE DISTRICT YOUTH COUNCIL
AUTHORIZATION AND RELEASE**

As parent or guardian of the minor named below, I hereby authorize my youth to participate in the following activity being conducted by the Erie-Meadville District Youth Council: _____

I hereby release and discharge the above named church organization and their adult youth advisers for any injuries my youth may sustain while participating in these activities.

I, the undersigned parent or legal guardian of the youth named below, authorize treatment and/or any hospitalization that is necessary in the case of accident or illness of my youth by a licensed medical physician. However, every attempt will be made to reach me by telephone prior to any treatment.

I understand that this consent authorization is given in advance of any specific diagnosis or hospital care being required in order to provide authority for a licensed physician to render any and all diagnosis, treatment, or hospital care deemed advisable by the physician attending my youth in case of accident or injury.

PRINT NAME OF YOUTH		Signature of Parent/Guardian	
SIGNATURE OF YOUTH	AGE	MALE/FEMALE	DATE
ADDRESS	CITY	STATE/ZIP	
TELEPHONE NUMBERS WHERE I CAN BE REACHED	1) 2)		

IMPORTANT HEALTH INFORMATION

1. Is your youth currently under a physician's care? If yes, please explain, and provide physician's name and telephone number.
2. Please list any prescription medications your youth may be taking, and give directions.
3. Does your youth have any allergies?
4. Is there anything else that adult advisers should know about your youth to insure their comfort, safety and well-being?

INSURANCE COMPANY: _____
INSURANCE COMPANY GROUP #: _____
INSURANCE ID#: _____
FAMILY DOCTOR AND TELEPHONE _____

*****ONE COPY PER YOUTH ATTENDING A DISTRICT YOUTH COUNCIL EVENT *****