

San Diego County Youth In Harmony Program Parental Permission & Emergency Medical Form for participants under 18 years of age

_____ has my permission to attend the
Participant's Name

Event name and date (or on-going activity name)
and I hereby authorize the program administrators to arrange for any necessary medical treatment in the event of a medical emergency. (Editable fields may be filled in by computer, but print out to sign.)

Parent or Guardian (please print clearly) Phone Number Date

Address City St ZIP

The participant will be traveling to and from the event with (check one):

() Parent or Guardian _____
signed (parent or guardian)

() Other Adult Supervision _____
name of adult driver over 18 Teacher Other

signed (responsible adult driver)

signed (parent or guardian)

() Student is authorized to drive by himself _____
signed (parent or guardian)

Special Medical Information (optional) - If you need to make us aware of any special medical conditions:

Permission is granted to use photos and videos: Yes No. With name: Yes No _____(init)

This form must be mailed or brought to the event with signatures. See event application for instructions.