



## YAC ATTACK

### Parent Consent Form, Emergency Contact Information and Liability Waiver

**Dear Parent/Guardian:**

In order to become a participant in the YAC Attack program with the St. Joseph Youth Alliance, youth volunteers must have your written permission.

**Medical Care Authorization-** At any time due to such circumstances as accident or sudden illness I hereby give permission for emergency medical treatment to be obtained for my child. I understand that a representative of St. Joseph Youth Alliance or the partnering agency will contact me prior to leaving or upon arrival at the emergency destination. I will be responsible for all related expenses incurred, including but not limited to ambulance, taxi and/or clinic/hospital fees. In the case of emergency, my child may be transported by a St. Joseph Youth Alliance staff member or other appropriate method for care and I agree to hold these parties harmless in case of accident.

**Disclosure-** I understand that the adult supervisors will accompany my child on all projects and activities. I also understand that the supervisors may be volunteers and that the project or activity will involve the normal level of risk associated with such a project or activity. I agree that this form shall waive any rights, claims of responsibility or liability or cause of action resulting from personal injury to my child in the YAC Attack project and agree to indemnify the partnering agency and its employees or representatives from such claims.

In the event that my child is photographed or videotaped for publicity purposes while participating in YAC Attack projects, the picture(s) or video(s) may be used by the St. Joseph Youth Alliance or any of its related agencies for promotional material without compensation or restriction.

**Parent's Responsibility-** I will inform the supervisor of any particular mental, physical, social, or other condition of my child that might impact my child's health or safety. All information is confidential.

**I have read and understand the above statements:**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE FILL OUT THE FOLLOWING INFORMATION**

Youth Volunteer Name \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Daytime Phone \_\_\_\_\_

List any particular mental, physical, social or other condition(s) that your child has and any medication your child is currently taking. We will not administer medication that is not stated by parents.

\_\_\_\_\_  
\_\_\_\_\_

Health Care Provider/Family Physician \_\_\_\_\_

Health Care Provider's Phone Number \_\_\_\_\_

First Emergency Contact (If unable to reach guardian) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Second Emergency Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Person(s) Who Will Usually Be Transporting My Child \_\_\_\_\_

\_\_\_\_\_