

Summer Destinations Release Form

I, the parent/guardian of _____, do hereby consent to allow my youth to participate with the Power House staff/volunteers in Summer Destinations from June 15 through August 10, 2010. I release my youth to the supervision and care of the staff and volunteers of the Power House Youth Center. I also release any liability from the Power House for any injury that may occur while participating in this program. I approve of my child being transported by the staff involved with this program. I certify that I have legal right to authorize this release. I further authorize emergency medical treatment by a physician, hospital, or EMS/EMT in the event that you are unable to reach me at the numbers listed below.

Parent/Guardian Signature _____

Telephone Numbers Home _____ Cell _____

Alternate Emergency Number _____

Age of Youth _____ Date of Birth _____

Insurance Company _____

Policy Number _____

Agent _____ Phone Number _____

Date of last tetanus _____

Please list any allergies to medication _____

Below, please include any specific comment regarding your child's condition (allergies, regular medication, and physical problems). Also make note of any recurring conditions of which we need to be aware (asthma, diabetes, heart condition).
