

YOUTH PARENT PERMISSION – RELEASE FORM

Youth Name: _____ DOB: _____ Grade: _____

Address: _____
Street City State Zip

Mother: _____ Home# _____ Cell# _____ Work# _____

Father: _____ Home# _____ Cell# _____ Work# _____

Youth Resides/Lives With: _____ Family Email Address: _____
Mom ___ Dad ___ Both ___ Other ___

MEDICAL INFORMATION

Parent Insurance Carrier _____ Policy# _____

Address Ins. Company _____ Phone# _____

Family Doctor's Name _____ Phone# _____

Allergies (Food/Medication/Other): _____

Medications: _____ How Often: _____

If my minor has a headache you may give him/her medication? YES NO

Aspirin Tylenol Advil Other _____ (Circle your choice)

Are there any Physical/Emotional issues we need to be aware of? (This information will be kept confident):

IN CASE OF EMERGENCY THE FOLLOWING INDIVIDUALS HAVE PERMISSION TO PICK UP MY MINOR:

Emergency Contact: _____ Relationship: _____

Home# _____ Cell# _____ Work# _____

Emergency Contact: _____ Relationship: _____

Home# _____ Cell# _____ Work# _____

Emergency Contact: _____ Relationship: _____

Home# _____ Cell# _____ Work# _____