

# Parent or Guardian Consent & Release Form

For participation in SEYM Youth Program Events

rev. Ap. 2014

## Instructions:

1. This form is to be completed and signed by a child's Parent or Legal Guardian.
2. Please read the entire form. If there is anything about this form, the SEYM Youth Program, or the activities that you do not understand, please contact a Youth Program Coordinator for the event. Do not sign the form until you are satisfied that you understand the Program your child will be participating in.
3. Fill in the blanks and check the boxes that apply to your child's participation in the SEYM Youth Program.
4. Sign and date the form.
5. If you have more than one child, complete one form for each child.

## A. Parental Consent

I, \_\_\_\_\_, the parent or guardian of

*(Print parent/guardian first & last names)*

\_\_\_\_\_, a minor,

*(Print child's first & last names)*

**give consent to my child participating in the following SEYM Youth Programs:**

- Yearly Meeting Gathering
  - Wee Friends
  - Young Friends
  - Junior Friends
  - Teen Friends
- Fall Interim Business Meeting Youth Program
- Half Yearly Meeting Youth Program
- Winter Interim Business Meeting Youth Program
- Other \_\_\_\_\_

**Please check that you understand these requirements of the SEYM Youth Program:**

- My child and I are required to read, fill out and sign the Rules Form. I understand it is my responsibility to meet with my youth's designated SEYM Youth Workers to answer any questions about the Rules and the SEYM Youth Program.
- My child and I understand that my child is under the care of designated SEYM Youth Workers during scheduled Youth Program Sessions. Other adult volunteers may be visiting the program to lead activities or provide teaching presentations.
- My child and I understand that during Intergenerational Activities, and during times that are not scheduled Youth Program Sessions, my child is under my care or the care of his/her Sponsor. I understand that I, or the Sponsor, may arrange to share our child-care responsibilities with other parents or adults at our own discretion.
- I understand that I am responsible for my child's behavior and whereabouts at any time she or he is not under the care of Designated SEYM Youth Workers.

I acknowledge that I have been fully informed as to the nature of the activities and the provisions for my child's participation in the SEYM Youth Program. In consideration of the consent I have given for my child to participate in the SEYM Youth Program, I release and hold harmless Southeastern Yearly Meeting of the Religious Society of Friends, its agents, employees, and officers from any and all actions or causes of action of any nature for personal injury or property damage of any kind arising in any way from my child's participation in the above described activity. I further acknowledge that this release is binding upon my heirs, successors or assigns, that I have read the foregoing and understand its significance, and that I have executed this document voluntarily.

Parent/Guardian signature: \_\_\_\_\_ date \_\_\_\_\_

Address: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ e-mail address: \_\_\_\_\_

## B. MEDICAL AUTHORIZATION

### 1. INFORMATION

Child's first & last names: \_\_\_\_\_ age: \_\_\_\_\_ d.o.b.: \_\_\_\_\_

Parent(s)/guardian names: \_\_\_\_\_

Address: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Sponsor's name (if child not attending with parent): \_\_\_\_\_

Sponsor's mobile phone: \_\_\_\_\_ e-mail: \_\_\_\_\_

Child's doctor's name: \_\_\_\_\_ Doctor's phone: \_\_\_\_\_

Insurance company & policy number \_\_\_\_\_

### 2. MEDICAL INFORMATION

Check boxes that apply to your child and provide detailed information.

Medical conditions: \_\_\_\_\_

Current Medications : \_\_\_\_\_

My child **may not** go on a field trip without parent/guardian present to administer medications.

I name & authorize a responsible adult to administer medications in **Section 3 below**.

Allergies, please specify: \_\_\_\_\_

EpiPen or other medication to be given in the event of an **allergic reaction**.

My child has a Doctors order to self-administer EpiPen or other allergy medication

My child **may not** go on a field trip without parent/guardian present to administer the EpiPen or his/her allergy medication

I name & authorize a responsible adult to assist my child in administering the EpiPen in event of allergic reaction in **Section 3 below**.

### 3. AUTHORIZATION TO GIVE MEDICATIONS: If minor will/may need EpiPen or other medication, you must complete this section:

I, \_\_\_\_\_, as the parent or guardian of

\_\_\_\_\_, a minor,

authorize \_\_\_\_\_ (responsible adult)

to assume care and responsibility for carrying and administering medication to my child while on this SEYM Youth Program sponsored activity. In the event that medication is needed, i.e., EpiPen, inhaler, or other prescription medications, the above listed responsible adult has my permission to dispense medication as directed.

Medication & Instructions: \_\_\_\_\_

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

Signature of Adult Assuming Responsibility \_\_\_\_\_ Date \_\_\_\_\_

**4. AUTHORIZATION for MEDICAL CARE**

I give permission for my child, \_\_\_\_\_, to receive appropriate medical care at Southeastern Yearly Meeting events and at health care facilities. I understand I will be contacted as soon as possible should such care be necessary.

You have my permission to assist / supervise my child in taking the medications listed above as directed and authorized. I understand that a SEYM Youth Worker or other responsible adult designated by me, the parent, will carry and administer my child's medication as authorized and directed above.

In case of medical emergency, in the event I cannot be reached, I authorize SEYM, its agents, employees and other officers to procure and consent to any medical examination, diagnostic process or course of treatment, including hospital care, to be rendered to my child by or under the supervision of any duly licensed doctor, dentist or surgeon.

Parent's name printed: \_\_\_\_\_ date: \_\_\_\_\_

Parent's signature: \_\_\_\_\_

**Parent's phone numbers:**

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

Work: \_\_\_\_\_

**Other emergency contacts:**

Name, phone: \_\_\_\_\_

Name, phone: \_\_\_\_\_

## C. MEDIA RELEASE

Youth Name: \_\_\_\_\_

I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes of the Youth named above by Southeastern Yearly Meeting. I also grant to Southeastern Yearly Meeting the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release Southeastern Yearly Meeting and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Address of Parent/Guardian: \_\_\_\_\_

## D. METHOD OF COMMUNICATION RELEASE:

During the year your child is a member of the Southeastern Yearly Meeting youth program we do try to keep them up-to-date with dates for meetings and/or changes in our calendar of events. With the implementation of the Child Abuse Protection (CAP) policies within SEYM, we are now seeking your permission for these items:

\_\_\_ **Yes**, I give \_\_\_\_\_ (my youth) permission to communicate with the Certified SEYM Youth Workers through the use of his/her: (please check all that apply)

- Email \_\_\_\_\_
- Facebook \_\_\_\_\_
- Instant Messaging \_\_\_\_\_
- Home phone \_\_\_\_\_
- Cell phone \_\_\_\_\_
- Text message \_\_\_\_\_
- Postal mail \_\_\_\_\_

\_\_\_ **No**, I *do not* give \_\_\_\_\_ (youth) permission to communicate with the Certified SEYM Youth Workers through the use of his/her (please check all that apply)

- Email address
- Facebook
- Instant Messaging
- Text message
- Home phone
- Cell phone
- Postal mail

\_\_\_ I, as parent/guardian, would also like to receive an email update of all dates for meetings and/or changes in the calendar of events.

My email address: \_\_\_\_\_ My phone number: \_\_\_\_\_

# SEYM Rules Form

## Parents/Guardians: Please Read, Check Off & Sign

Questions? Contact Sandy Lyon, Youth Program Coordinator,  
phone: (386) 984-7563, e-mail: swl25@cornell.edu

### SEYM Rules

- 1. Sponsors—all youth under age 19 and/or in high school (including dual enrollment programs) must attend with a parent, guardian, or a designated adult sponsor the entire time at the camp.
- 2. All youth under age 19 need a parent/guardian signed Consent Form, Medical & Media Release and this Rules Sheet [insurance requirement] in order to register and be on campus.
- 3. When youth program is not in session, all youth under age 19 and/or in high school (including dual enrollment programs) are to be supervised by their parents, sponsors or parent/sponsor arranged adult f/Friend: 1 adult can supervise up to 8 youth.
- 4. No video or electronic games are allowed in youth program sessions. Cell phones must be turned off during program sessions.

### Life Enrichment Center Rules:

- 5. The labyrinth and chapel are for contemplation and are off limits to unsupervised children.
- 6. No skate boards, in-line skates, or scooters are permitted on campus. Youth must wear bike helmet when biking.
- 7. Alcoholic beverages and recreational drugs are prohibited for adults and children.
- 8. Pets are allowed in the camping area, on a leash.
- 9. Quiet time from 11:00 P.M. to 7:00 A.M.
- 10. Cleanup—we are responsible for our own cleanup.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_