



SANDPOINT TEEN CENTER

REACHING FOR THE STARS

SANDPOINT TEEN CENTER PARENT PERMISSION

FIELD TRIP, OFF-SITE ACTIVITIES & MEDIA PERMISSION SLIP EMERGENCY MEDICAL FORM

Please complete this form so that we can have it on-file for your teen while participating in teen programs. This information will only be used to contact you or designated adult. No teen will be allowed to participate in off-site activities without this form being completed and signed by the parent or guardian. The information on this form is considered confidential and will accompany the Sandpoint Teen Center Staff.

Permission is granted for: _____ (Name of Teen).

PARENT/GUARDIAN INFORMATION:

Parent/Guardian Name: _____ e-mail _____

Address: _____

Phone #: _____ Emergency Phone #: _____

Allergies: _____

Conditions requiring special consideration (medical/physical): _____

Does your teen require: (A) **Epipen** Yes No (B) **Inhaler** Yes No (C) **ANY MEDICATION CURRENTLY TAKEN:** (Type of medication and time of administration): _____

Please be sure to speak to your teen's staff regarding any medications or special needs your teen may have. THIS INFORMATION WILL REMAIN CONFIDENTIAL. IT WILL STAY WITH THE SANDPOINT TEEN CENTER.

Primary contact name _____ Relationship to teen: _____

Phone # _____ Work Phone #: _____ Cell Phone/Pager #: _____

Secondary contact name _____ Relationship to teen: _____

Phone #: _____ Work Phone# _____ Cell Phone# _____

Teen's Physician: _____ Phone #: _____

TO ANY DOCTOR OR HOSPITAL: I hereby authorize the release of my teen's pertinent medical information to the appropriate professional staff. I give permission to the physician or hospital to secure treatment for him/her and to order medications, injections, anesthesia, or surgery for my child, as named above, in case of emergency. The signature below constitutes authorization to perform any necessary treatment for my Teen.

Parent or Guardian Signature _____

PLEASE INITIAL ALL ACTIVITIES IN WHICH YOU CONSENT

_____ I hereby consent to my child participating in all group activities, field trips and boating activities with Sandpoint Teen Center.

_____ I give my consent to use my teens name and/or photo in press/media releases sharing information about activities, accomplishments and highlight of the Teen Center.

_____ My teen has permission to ride in staff cars to Teen events and activities in which you have prior knowledge .