

Dear Parent/Guardian:

In order to become a participant in the Summer Sensation program with the Youth Volunteer Corps of Greater Kansas City, 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 the Youth Volunteer Corps or the partnering agency will call me prior to leaving or upon arrival at the emergency destination, and that I will be responsible for all related expenses incurred (i.e. ambulance or taxi costs, etc.).

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 YVC program, and agree to indemnify the partnering agency and its employees or representatives from any such claims. In the event that my child is photographed or videotaped for publicity purposes while participating in a Youth Volunteer Corps project, the picture or video may be used by the Youth Volunteer Corps or any of its related agencies for promotional material.

Parents Responsibility--I will inform the supervisor of any particular mental, physical, social, or other condition of my child. Withholding this information is unfair to your child and the Team Leaders who are entrusted with your child’s safety.

Please fill out the following information:

List any particular mental, physical, social, or other conditions that your child has and any medication your child is currently taking.

Health Care Provider/Family Physician _____

Health Care Provider’s Phone Number _____

I have read and understand the above statements:

Parent/Guardian Signature _____ Date _____

1) Emergency Contact’s Name (if unable to reach you) _____

Relationship _____ Phone _____

2) Emergency Contact’s Name (if unable to 1st contact) _____

Relationship _____ Phone _____