

Camden Healthy Youth Council (CHYC)
Parental Consent Form**CHYC Participant**

First Name: _____

Last Name: _____

Birthdate: Month: _____ Day: _____ Year: _____

To Parents/Guardians of Minors:

Thank you for completing this form. The completed form is mandatory for your teen's participation in the Camden Healthy Youth Council (hereinafter referred to as "CHYC").

This CONSENT and RELEASE shall be effective as of the dates signed in each section below and shall remain valid for the duration of the participants involvement in CHYC, or such earlier time as this CONSENT and RELEASE is rescinded in writing by the undersigned parent(s) or guardian(s).

I/We understand that the CHYC is a component of the Community Advisory Council operating in collaboration with the Camden Coalition of Healthcare Providers. I/We consent for my/our child _____ to participate in the CHYC program. I/We am/are fully aware that he/she is required to attend Community Advisory Council meetings once a month, every 4th Thursday from 5:30-7:30 PM. I/We am/are fully aware that my/our child may be required to attend other events throughout their term of the program from September 2016 through June 2017.

I/We as the undersigned parent(s)/guardian(s) of

_____,
a minor, do hereby give consent to her/his participation in the CHYC in affiliation with the Community Advisory Council of the Camden Coalition of Healthcare Providers._____
Signature of Parent/Guardian_____
Date

PART TWO: Insurance/Medical Information

A. Is this minor child covered by family medical/hospital insurance? Yes No

If so, indicate carrier and plan name: _____

Carrier Address/Phone: _____

Name of Insured: _____

Relationship to participant: _____

B. Does this minor child have any current or past medical conditions that could affect their ability to participate in Camden Healthy Youth Council activities? Yes No

If Yes, please explain:

PART THREE: Survey/Program Evaluations

I/We grant Camden Coalition of Healthcare Providers permission to request program feedback in the form of surveys and program evaluation forms from the participant listed on page one. I/We understand that the responses may be utilized in testimonials about the CHYC. In addition, survey responses may be included in long term program evaluation studies. Surveys will be anonymous.

Signature: _____

Relationship to Participant: _____ Date: ____/____/____

Signature: _____

Relationship to Participant: _____ Date: ____/____/____

PART FOUR: Trips and Travel Authorization

I/We, the undersigned parent(s) or guardian(s) of the participant listed on page one do hereby CONSENT to transportation being provided for him/her to and from monthly Community Advisory Council (hereinafter collectively referred to as "CAC") meetings and other related events.

I/We RELEASE and discharge Camden Coalition of Healthcare Providers, its officers, employees, and agents (hereinafter collectively referred to as "Camden Coalition"), from any and all claims, damages, losses or expenses of whatever kind or nature which I/we may have or acquire as the parent(s) or guardian(s) of said minor arising out of or resulting, directly or indirectly, from said minor's participation in the CAC and its events.

I/We also RELEASE and discharge Camden Coalition from any and all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly, his/her participation in the CAC and its events. I/We furthermore agree to defend and INDEMNIFY Camden Coalition against all claims, damages, losses or expenses of whatever kind or nature which said minor may have or acquire arising out of or resulting from, directly or indirectly his/her participation in the field trip, and to defend and INDEMNIFY Camden Coalition against any claim, damage, loss or expense of whatever kind or nature that Camden Coalition may have to pay that arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in the field trip.

I/We hereby authorize Camden Coalition's employee(s) or agent(s) who is supervising said minor to act on our behalf in authorizing and consenting to emergency medical care for said minor if he/she becomes ill or is injured while participating in the field trip. This Authorization and Consent may be presented to the appropriate emergency medical staff at such time as emergency medical care is required. I/We hereby RELEASE and discharge Camden Coalition from any and all claims of any nature whatsoever, which may arise out of the decision to provide emergency medical care.

Signature: _____

Relationship to Participant: _____ Date: ____/____/____

Signature: _____

Relationship to Participant: _____ Date: ____/____/____