

Youth Permission Slip

Name: _____ Age: _____

I do____do not____authorize the District Conference childcare staff to administer first aid.

In the event of a medical emergency and neither parent/guardian can be notified, I authorize the 2022 District Conference childcare staff to obtain emergency medical attention for my above-named child. I understand that the policy of the caregivers for this District Conference is to notify immediately a parent/guardian, when possible, or to call paramedics to treat and/or transport an ill or injured child. I will assume responsibility for emergency medical charges incurred upon receipt of statement.

Parent/Guardian signature: _____

Cell Phone: _____