Child’s name: _______________________________  DOB: __________________

Child’s physician: ___________________________  Phone: __________________

Health Insurance Provider: ____________________  ID#(s): ________________________

Medications: __________________________________

______________________________________________________________________________
Date of last tetanus shot: __________

Please use the back of this form for any additional information the program should know about your child, such as how s/he interacts with others, any learning differences, good friends or favorite foods.

I give my child permission to attend children’s activities and programs at the 2015 NPYM Annual Session at Whitworth University in Spokane, Washington, from Wednesday, July 15 through Sunday, July 19, 2015. Activities may include walking field trips outside of the Whitworth University campus. The undersigned parent or legal guardian of the above named minor hereby authorizes Jay Thatcher, Melody Ashworth, Janet Grove or one of the other adult leaders of the child’s programs to consent to any emergency medical or surgical treatment of said minor which such person deems advisable at his or her discretion. This authorization will be in effect on the days listed above, during the hours of the NPYM Children’s Program or Children’s Activities until the child is signed out by the parent, legal guardian or sponsor.

______________________________________________________________________________

I also give permission for my child to participate in a field trip on the afternoon of July 18, 2015. The activity planned is riding in motor vehicles to and from and touring Riverfront Park in central Spokane.

Please ask questions about the field trip:  Jay Thatcher, chilprogram@npym.org, (541) 758-9333. If you decide your child will not participate, an alternative on site activity will be agreed upon.

___________________________  __________________
Parent’s Signature  Date
IF NO PARENT WILL BE WITH THIS CHILD DURING ANNUAL SESSION:

Adult sponsor's name: _______________________________ Meeting: ____________________________

Secondary Sponsor's name: __________________________ Meeting: ____________________________

The undersigned parent or legal guardian of the above named minor hereby authorizes ___________________________ (sponsor) to consent to any emergency medical or surgical treatment of said minor which such person deems advisable at his or her discretion. This authorization will be in effect on the days listed above, beginning with transport of minor to NPYM and ending upon return to parent(s) or legal guardian. If a person other than the above listed sponsor is to provide transportation, a secondary sponsor shall also be designated and sign below. Secondary sponsor will have the same discretion for authorizing treatment as the main sponsor.

I give my child permission to attend the 2015 NPYM Annual Session at Whitworth University in Spokane, Washington, from Wednesday, July 15 through Sunday, July 19, 2015, under the care of the adult sponsor(s) listed on this form.

__________________________  ____________________________
Parent's Signature        Date

I agree to assume responsibility for the above named minor during the dates listed.

__________________________  ____________________________
Sponsor's Signature        Date

__________________________  ____________________________
Secondary Sponsor's Signature        Date

During annual session the parent or legal guardian of the above named minor will be at the following location:

Name: __________________________

Address: __________________________

__________________________

Phone: __________________________

*Please list any additional locations to the right or on the back.*