

RETURN TO: Youth Engagement Coordinator
Philadelphia Yearly Meeting, 1515 Cherry Street, Philadelphia, PA 19102
MWennerBradley@pym.org or call (215) 241-7171

**PLEASE PRINT CLEARLY
ON BOTH SIDES**
 This medical permission valid through
 June 30, 2019

Participant Name _____

Grade _____ Date of Birth ____/____/____ Sex _____ Are you a vegetarian? YES NO

Home Address _____ City _____ State _____ ZIP Code _____

Home Phone (_____) _____ Local Meeting (if applies) _____

Boarding School? _____ City _____ State _____ ZIP Code _____

School Phone (_____) _____ Participant E-mail Address _____

PARENT/ GUARDIAN /EMERGENCY CONTACT: Please indicate relationship of contacts to person named above.
Boarding school students should list their school's Dean's Office as the Secondary Contact.

PRIMARY CONTACT _____ Relationship: _____

Address _____ Home Phone (_____) _____

City _____ State _____ ZIP Code _____ Cell Phone (_____) _____

Primary Contact E-mail Address _____ Work Phone (_____) _____

SECONDARY CONTACT _____ Relationship: _____

Address _____ Home Phone (_____) _____

City _____ State _____ ZIP Code _____ Cell Phone (_____) _____

Secondary Contact E-mail Address _____ Work Phone (_____) _____

MEDICAL & INSURANCE INFORMATION:

Allergies (including food) _____

Medications (please include name of medication, dosage and time(s) taken):

Date of last tetanus shot _____

Family doctor _____ Phone (_____) _____

Medical insurance company _____

Policy # _____ Group # _____ Is this an HMO? _____

Member's name _____ Prescription plan and # (if applicable) _____

PERMISSION AND CONSENT:

I give permission and consent for my above named child (or self if age 18 or older) to participate in the Philadelphia Yearly Meeting's youth activities. I am fully aware of and appreciate the risks including the risk of catastrophic and permanent injury, that may possibly attend such activities. I hereby release Philadelphia Yearly Meeting, its staff, volunteers, officers, directors, and board members , from liability for any illness, accident or injury that my child (or I) may sustain during these activities. In the event of an emergency, I hereby authorize an adult leader, as agent for me, to consent to any X-ray examination or other diagnostic scan; medical, dental or surgical diagnosis; treatment including hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital; and consultation with a mental health professional.

I will assume financial responsibility for treatment rendered during this time. If treatment is rendered to my child, I expect to be contacted as soon as possible. I will not hold Philadelphia Yearly Meeting responsible for the payment of any bills incurred because of illness, accidents or injuries to my child (or myself if age 18 or older).

I agree to indemnify and hold Philadelphia Yearly Meeting harmless for any loss or expense occasioned by the treatment. of my child or myself. I represent that I am authorized to execute this waiver/release on behalf of all the child's parents and/or guardians.

Signature of Parent or Legal Guardian _____ Date: ____/____/____
We have been advised not to accept Faxed or photocopied signatures.
Relationship to above named minor (Write SELF if age 18 or older): _____

PHOTO RELEASE: _____ (please initial)
I hereby grant permission to PYM to use my/my child's photographic or video image and audio recordings of myself/my child on its Web site, on its social media pages, or in official printed publications without further consideration, and I acknowledge PYM's right to crop or treat the photograph, video recording or audio recording at its discretion. I also acknowledge that PYM may choose not to use my/my child's photo, video recording or audio recording at this time, but may do so at its own discretion at a later date. I also understand that once recordings of my child and my/my child's image is posted on PYM's Web site, the image, video recording or audio recording can be downloaded. Therefore, I agree to indemnify and hold harmless PYM from any claims. PYM reserves the right to discontinue use of photos, audio recording or video recording without notice.

ADDITIONAL PARTICIPANT INFORMATION:

Each young person brings gifts to the youth programs community. To improve your child's group experience in Quaker community, please also tell us about any unique needs that they may have, including medical, dietary, physical, behavioral or emotional needs. You may write in the space below, and/or call us to explain.