



# Philadelphia Yearly Meeting *of the Religious Society of Friends*

Cookie Caldwell, Young Friends Program Coordinator

**Dear Parental Units and Young Friends,**

**An important part of the Young Friends registration process is filling out a Medical Permission form and mailing it in.**

**Parents must complete and sign a Medical Permission form for each child once each school year beginning July 1.**

**We will need this form in the event that your child is injured and needs to be taken to a hospital. Hospitals may only treat your child with your permission, which means your signature, unless the injury is "life threatening" and painful is not the same as "life threatening." Please print the information clearly and remember to sign the form.**

**If your insurance information changes midyear please send us a new form.**

**If you will not be reachable for a particular gathering at the phone numbers listed, please send a note with your child with phone numbers where you can be reached during the gathering.**

**Below is a copy of the Medical Permission form. Do not mail the form in the last week leading up to a gathering, bring it with you. The form may end up at the office after I have left for the gathering.**

**Sincerely,**

**Cookie Caldwell**

## **Young Friends Minute on Smoking**

Philadelphia Yearly Meeting Young Friends have been concerned with smoking in our community for as long as we can remember. We acknowledge Friends' concerns about smoking, and indeed, share those concerns. Banning smoking at our Gatherings is unfaithful to our community and to our testimonies of tolerance, acceptance, and unconditional love. Philadelphia Yearly Meeting's Young Friends ministry extends to all Young Friends, including those who are addicted to nicotine. We permit smoking at our Gatherings, subject to the following guidelines:

- Smoking is a solitary event. Those who are addicted to nicotine may, during unscheduled time, go outside and smoke a cigarette by themselves, then return to the rest of our community.
- There is no bumming, borrowing, renting, buying, or selling of tobacco products at a Young Friends Gathering.
- We do not want Young Friends or adults to smoke. We will support them to quit when they are ready, and help them to not smoke at Gatherings.
- The Young Friends community accepts the responsibility for enforcing this policy and will establish clear consequences for those who fail to live up to our expectations. We've been working with this issue for so long, we have to get it right.
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### **Reminder to Parents:**

The Young Friends community permits smoking. Our community has gone through a very drawn out clearness process, and we feel it is necessary to share our ministry with everyone, regardless of their smoking habits. We recommend that you discuss smoking with your own Young Friend. Such a discussion does not need to be a confrontation or an inquisition, but should be an open sharing of your feelings on the issue.

1515 Cherry Street Philadelphia, PA 19102

voice 215-241-7222 fax 215-241-7045

Website: [www.pym.org/youngfriends](http://www.pym.org/youngfriends) E-mail: [cookiec@pym.org](mailto:cookiec@pym.org)

# MEDICAL PERMISSION FORM July 1, 2009-August 31, 2010

Last Name

RETURN TO:

**Young Friends  
Philadelphia Yearly Meeting  
1515 Cherry Street  
Philadelphia, PA 19102**

PLEASE PRINT CLEARLY

This medical permission shall be valid through  
**August 31 2010**

Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Sex \_\_\_\_\_ Meeting \_\_\_\_\_ Are you a vegetarian? \_\_\_\_\_  
Boarding School? \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ 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 \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_  
**Parent E-mail address** \_\_\_\_\_

**Secondary Contact** \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_ ZIP Code \_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

## MEDICAL & INSURANCE INFORMATION:

Allergies (including food) \_\_\_\_\_  
Medications being 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) \_\_\_\_\_

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 and volunteers, 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.

**Parents: Please read  
the Young Friends  
smoking minute.**

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): \_\_\_\_\_

First Name