



# Parental Consent Form

Please fill out ALL fields listed below and return to YOUTH STREET SAN JOSE.

## YOUTH PERSONAL DETAILS

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Address: \_\_\_\_\_ Home #: \_\_\_\_\_  
Mobile #: \_\_\_\_\_ Email: \_\_\_\_\_

## PARENT/GUARDIAN PERSONAL DETAILS

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_  
Email: \_\_\_\_\_

## ADDITIONAL EMERGENCY CONTACT DETAILS (not listed above)

Emergency Contact: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

## MEDICAL DETAILS OF YOUTH

Allergies: \_\_\_\_\_

Does the youth suffer from any of the following? (if YES, please give details)

Asthma: YES/NO \_\_\_\_\_

Epilepsy: YES/NO \_\_\_\_\_

Anxiety/Mental problems: YES/NO \_\_\_\_\_

Respiratory problems: YES/NO \_\_\_\_\_

Heart problems: YES/NO \_\_\_\_\_

Sugar diabetes: YES/NO \_\_\_\_\_

Dietary Needs: \_\_\_\_\_

Please list any medications they are taking: \_\_\_\_\_

Reason for medication: \_\_\_\_\_

Please list any other medical conditions we should be aware of: \_\_\_\_\_

## MEDIA CONSENT

I, \_\_\_\_\_ give YWAM Ember Ink, an extension of YWAM San Francisco permission to use photos and video footage of my son/daughter, \_\_\_\_\_ attending Youth Street San Jose, an initiative of YWAM Ember Ink for future website & promotional material only.

## PARENTAL PERMISSION

I do hereby give permission for my son/daughter \_\_\_\_\_ to attend Youth Street San Jose, an initiative of YWAM Ember Ink. I understand that when my son/daughter leaves Youth Street, that either myself or a legal guardian assumes the responsibility of signing them out. I understand that **all volunteers have been briefed on Working With Minors Code of Conduct and Child Protection Policy. Release of Liability**- I do hereby release YWAM Ember Ink an extension of YWAM San Francisco, its agents, employees and volunteer assistants from any liability whatsoever, not limited to liability arising from negligence and or breach of contract etc. arising out of injury, illness, damage, or loss which may be sustained by the said person during the course of involvement with YWAM. **Consent for Treatment** - I hereby authorize YWAM to obtain medical attention for my son/daughter in the event of illness or injury. I understand that I am responsible for the costs of such medical expenses as may be necessary. I further authorize the performance of such treatment, anesthetic, and operations as in the opinion of the attending physician is deemed necessary. This consent form expires **ONE YEAR from the date signed by parent/guardian.**

Signature X \_\_\_\_\_ Date: \_\_\_\_\_