Permission Form

Youth Name_____ **Parent/Guardian Name**_____ **Date**_____

Contact Numbers _____

RELEASE FORM

By signing this form, I agree to allow my youth (name listed above) to participate in the activity/event listed above. In addition, I release the Missouri National Guard and its employees, contractors and volunteers from any responsibility or liability regarding any possible injury/death that might occur to my child.

PHOTO/PRESS RELEASE

I Understand the National Guard Youth Program is developing photographic and multimedia materials, which will illustrate events occurring throughout the year for the Missouri National Guard Youth Program. I grant the National Guard Youth Program and its associate staff and subordinate entities the right to take, use, reproduce, assign and/or distribute photographs, films, non-confidential information, videotapes and sound recordings of the Missouri National Guard Youth Program participants, for use in any such materials as the National Guard Youth Program or its associated entities may create, without any payment to or future approval by me. I concur that there shall be no payment for such use.

AUTHORIZATION TO TREAT & MEDICAL RELEASE

I hereby give permission to medical personnel selected by the local Emergency Medical Team to provide for emergency medical treatment and necessary transportation for my youth in the event I cannot be reached in an emergency, I herby give permission to the physician selected by the EMT to secure and administer treatment including hospitalization of the above mentioned youth._____ (please initial or sign here.)

If your youth has allergies, medication needs or any other medical condition we need to be aware of, please let us know. When possible, please administer medications prior to or after the event. NOTE: All Medication must be in its original container to include any items (inhalers, spoons, cups, etc.) which will needed to properly dispense the medication.

☐YES	☐NO	Medical or Developmental needs that require monitoring or accommodations (Please tell us what helps your child calm down or happy when upset if behavioral)
☐YES	☐NO	Allergies (Food, Medicine, Insects, etc.)
☐YES	☐NO	Currently taking medication (including prescription or over-the-counter medication)
☐YES	☐NO	My Youth has permission to administer his/her own medication. If "NO" the following Individual will dispense all medication to my youth
In order to dispense medication we need to know the following		
Condition for which it is given		
Exact name of medication(s)		
Dosage		
When it should be given		

_____ _____

Parent or Legal Guardian Signature Date

Rev. April 2014