PARENT/GUARDIAN CONSENT FORM *for* TEEN COUNCIL PARTICIPATION

STUDENT NAME: _____ _____ DATE OF BIRTH: _____/_____/_____
Last First Month Day Year

GRADE: _____ SCHOOL: _____ STUDENT MOBILE #: _____

PARENT/GUARDIAN PERMISSION - I hereby consent to the student named above participating as a member of the City of Eastpointe's Teen Council. This consent is:

☐ WITHOUT RESTRICTIONS
☐ SPECIAL CONSIDERATIONS OR RESTRICTIONS: _____
_____
_____

PHOTOGRAPHIC/VIDEO CONSENT - the student named above may be included in any photographic or video material, publications, websites, or social network applications which may be used for the purpose of documenting and highlighting their involvement in the Teen Council.

☐ I CONSENT
☐ I DO NOT CONSENT

HOLD HARMLESS AGREEMENT - I understand that participation by my child may involve a certain degree of potential, specific, significant, non-obvious danger and or risk. I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release the City of Eastpointe, the activity coordinators, and all directors, officers, employees, volunteers, agents, and related parties from any and all claims or liability arising out of this participation.

☐ I AGREE
☐ I DISAGREE

PARENT/GUARDIAN SIGNATURE: _____ **DATE**: _____

PARENT/GUARDIAN PRINTED NAME: _____

STREET ADDRESS: _____ **CITY**: _____ **STATE**: _____ **ZIP**: _____

HOME PHONE: _____ **PARENT MOBILE #**: _____

AUTHORIZATION FOR TREATMENT OF A MINOR

Please list any of your child's medical conditions that should be made known including allergies:

_____

_____

Please list all prescription and non-prescription medications that you child is currently taking that will need to be administered during the Teen Council meetings. Please note that special arrangements will need to be made if this is the case.

MEDICATION	DOSE	FREQUENCY	ADMINISTER DURING PROGRAM PARTICIPATION?

In case of emergency involving my child, I understand every effort will be made to contact me. I further understand that I am financially responsible for any medical treatments or procedures that are necessary as a result of any injury sustained while participating in the City of Eastpointe Teen Council.

In the event I cannot be reached, I hereby authorize the following individual to consent to proper treatment of my child, when I am unavailable:

☐ The adult leader in charge of the activity (described on Page 1 of this document)

- or –

☐ FULL NAME: _____

PHONE NUMBER: _____

RELATIONSHIP TO ME: _____

RELATIONSHIP TO MY CHILD: _____

PARENT/GUARDIAN SIGNATURE: _____ **DATE**: _____

PARENT/GUARDIAN PRINTED NAME: _____

DOCTOR'S NAME: _____ **DOCTOR'S PHONE NUMBER:** _____

MEDICAL INSURANCE PROVIDER: _____ **PHONE NUMBER:** _____

POLICY #: _____ **NAME OF POLICY HOLDER:** _____