



WEST BELLEVUE CHAPTER

YM'S GRADE LEVEL _____

YEAR _____

**PARENT'S PERMISSION AND CONSENT
TO PARTICIPATE IN ACTIVITIES AND FOR EMERGENCY MEDICAL CARE**

The undersigned, who is either the parent having the legal custody of or is the legal guardian of _____, a minor, hereby grants permission for _____ to attend and to participate in all National League of Young Men meetings and activities for the period commencing June ____ through May _____.

I further hereby authorize any adult officer or member of National League of Young Men who is in charge of the above referred meetings and activities to employ, provide for, arrange, approve and authorize any health care at any hospital, doctor's office or other health care facility, including x-ray examination, anesthetic, dental, medical or surgical diagnosis or treatment; and hospital care in the event the undersigned is not available when health care treatment is reasonably necessary and if necessary to execute any written consents reasonably required by the health care provider as a condition to treatment.

Further, the undersigned hereby release and agrees to indemnify, defend and hold harmless National League of Young Men and each of its directors, officers and members from and against all costs, losses, liabilities, causes of action, damages and injuries that result to said minor or arise out of the acts and omissions of said minor while participating in the meetings and activities of National League of Young Men during the above referenced period.

Doctor _____ Address _____

Phone _____ Date of last Tetanus Shot _____

Allergic to _____ Medicines Presently Taking _____

Address _____ City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Insured Name _____

Medical Insurance Carrier _____ Policy and Group # _____

Signature of Parent or Legal Guardian

Date