



The 2005 National Youth Summit
Youth in Action - Making a Difference

July 28 – 30, 2005
Marriott Wardman Park Hotel
Washington, DC

This form must be returned to NCFY by July 11, 2005!

PARENTAL/GUARDIAN CONSENT FORM

(Please read both pages of this form before signing)

Name of Youth: *(First, Middle Initial, Last)* _____

Age: _____ Date of Birth: _____

Parent or Guardian's Mailing Address:

Street: _____ City, State: _____ Zip: _____

Phone: () _____ Fax: () _____ E-mail: _____

Name of primary emergency contact: _____

Daytime Phone: () _____ Evening Phone: () _____

Relationship to Youth: _____

Name of secondary emergency contact: _____

Daytime Phone: () _____ Evening Phone: () _____

Relationship to Youth: _____

Is youth covered by health insurance? Yes _____ No _____

If yes, please attach a copy of the insurance card or form.

Name of Physician: _____ Phone: () _____

List any allergies, current medications, disabilities, cardiac conditions (heart murmur, irregular heart beats), high blood pressure, other medical issues or special needs (attach another sheet, if needed):

For more information about the National Youth Summit, please visit the Summit Web site at www.ncfy.com or call the National Clearinghouse on Families & Youth at 301-608-8098.

This form is also available online at www.ncfy.com/Summit

Statement of Authorization for Medical Treatment

(Must be signed by parent/guardian for all youth under age 18.)

I, _____, the parent/legal guardian of _____, ("my child"), authorize my child's group or organization's adviser ("adviser"), the Family and Youth Services Bureau, Administration on Children, Youth and Families, Administration for Children and Families, U.S. Department of Health and Human Services ("FYSB"), or Johnson, Bassin, & Shaw, Inc., the designated agency of FYSB, to act on my child's behalf should I be unable to do so and consent to all medical/dental care and treatment which my child's adviser and/or FYSB deems necessary for my child's medical well being for the duration of the National Youth Summit. This consent is given in advance of any special diagnosis and treatment required and to the administration of any over-the-counter medications. Any consent by my child's adviser and/or FYSB shall have the same force and effect as if I had personally given consent.

I hereby release FYSB, its agents, employees, and assigns from any and all damages, liability, or costs resulting from the authorizing of medical treatment on my child's behalf. I further hold FYSB harmless and agree to protect FYSB from any and all costs, damages, or expenses incurred by FYSB as a result of any claim or action filed by any party alleging damages incurred and as a result of any medical treatment provided or authorized.

× _____
Signature of Parent/Guardian Date

Waiver for Use of Pictures for National Youth Summit-Related Activities

You have my permission to use any photographs taken of and/or anecdotes provided by my child related to his/her experience in Summit activities for possible inclusion in Summit-related materials.

× _____
Signature of Parent/Guardian Date

Statement of Consent for Child to Participate in the National Youth Summit

I give consent for my child to participate in the National Youth Summit. I understand that my child is responsible for his/her behavior at all times. I hereby release FYSB, its agents, employees, and assigns from any and all damages, liability, or costs resulting from my child's participation in non-organized and/or non-Summit related activities while attending the National Youth Summit.

I, _____ the parent/legal guardian of _____
(child's name), have read and understand this Consent Form.

× _____
Signature of Parent/Guardian Date

Please return this form to NCFY by July 11, 2005. Fax to (301) 608-8721 or mail to National Youth Summit, c/o NCFY, P.O. Box 13505, Silver Spring, MD 20911-3505.