



# PARENTAL CONSENT FOR MEDICAL TREATMENT

In the event that your child becomes ill or is injured during the following Young Life activity,

we request that Young Life be given permission to take your child to the nearest medical facility or healthcare provider and have the necessary treatment administered. Your signature verifies that your child is in good health and is capable of participating in strenuous activities, and when necessary, will tailor the activities to those within the bounds of his/her physical health. In Colorado, campers will participate in rigorous activities at 9,000 to 14,000 feet.

Your signature will acknowledge your acceptance and understanding of Young Life's role in the medical care of your child.

*IN CASE OF EMERGENCY, I UNDERSTAND THAT EVERY EFFORT WILL BE MADE TO CONTACT ME. IF I CANNOT BE REACHED, I HEREBY GIVE YOUNG LIFE THE PERMISSION TO ACT IN MY BEHALF IN SEEKING EMERGENCY TREATMENT FOR MY CHILD IN THE EVENT THAT SUCH TREATMENT IS DEEMED NECESSARY BY YOUNG LIFE. I HEREBY GIVE PERMISSION TO THE MEDICAL PERSONNEL SELECTED BY YOUNG LIFE TO ORDER X-RAYS, ROUTINE TESTS, TREATMENT; TO MAINTAIN AND/OR RELEASE ANY MEDICAL RECORDS NECESSARY FOR INSURANCE PURPOSES AS OUTLINED UNDER THE HIPAA REGULATIONS.\* I ABSOLVE YOUNG LIFE FROM LIABILITY IN ACTING ON MY BEHALF IN THIS REGARD.*

\*Young Life is compliant with the Health Insurance Portability and Accountability Act (or HIPAA). To obtain a copy of Young Life's Notice of Privacy Practices, log on to [WWW.YOUNGLIFE.ORG](http://WWW.YOUNGLIFE.ORG) or call (719) 381-1950.

I hereby grant permission to Young Life the right to use, reproduce and/or distribute photographs, films, video-tapes and sound recordings of my child, without compensation or approval rights, for use in materials created for purposes of promoting the activities of Young Life.

Name of child \_\_\_\_\_ Parent/Guardian's Name \_\_\_\_\_  
(PLEASE PRINT)  
Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Signature of parent or guardian \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

If parents are not available, please contact:

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Additional comments regarding medical history, allergies or drug reactions, etc., which may be needed in any treatment:

\_\_\_\_\_  
\_\_\_\_\_

My child has had a physical in the last 24 months.

All injury claims that are less than \$250 are covered by Young Life. Any claim exceeding \$250 will be coordinated with your personal insurance entirely. At that point, Young Life will become the secondary carrier and will supplement your coverage. The maximum amount of coverage available from Young Life is \$4,000 medical, \$1,000 dental.

**Young Life shall not be held liable at any time for lost or stolen luggage/personal items.**

Parent or guardian's insurance company \_\_\_\_\_

Parent or guardian's insurance company address \_\_\_\_\_

Parent or guardian's policy number \_\_\_\_\_