



# YOUTH LEADERSHIP ACADEMY

## Field Trip Parent Permission Form

The purpose of this form is to help implement appropriate risk management practices for all Youth Leadership Academy events. Risk management practices help us with issues related to safety and protection of the young people we serve. Youth cadets will not be allowed to participate in field trips without having this form fully completed (all 5 sections) and on file.

### 1) Authorization for Medical Treatment

I, the undersigned, do hereby authorize a representative of the Youth Leadership Academy staff (or hospital medical personnel if in transit) to consent to and authorize the administration and performance of all treatments that may be considered advisable or necessary in the judgment of attending physicians, in the event that

\_\_\_\_\_ should  
(*print name of youth*)

be admitted to any hospital, or need any medical treatment. This authorization shall be in effect for all Youth Leadership Academy-related events, including field trips, for the 2024-2025 academic year as the aforementioned young person is a Youth Leadership Academy cadet.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(*Parent or Legal Guardian, if participant is under 18*)

### 2) Emergency contact information:

In the case of an emergency in which the parent/guardian listed above is not available, please contact

Name: \_\_\_\_\_

Relationship to YLA cadet: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Daytime \_\_\_\_\_

Phone: Evening \_\_\_\_\_

E-mail: \_\_\_\_\_

(TURN OVER FOR PAGE 2)

**3) Youth Cadet Information**

Allergies (if any) \_\_\_\_\_

List medications the young person may bring to YLA-related events and directions for administration.

\_\_\_\_\_

List any other medical concerns, including dietary needs.

\_\_\_\_\_

Do you have medical insurance? \_\_\_\_\_ No \_\_\_\_\_ Yes

**PLEASE ATTACH A COPY (FRONT AND BACK) OF YOUR MEDICAL CARD. MEDICAL CARD MUST LIST THE YLA CADET’S NAME ON IT.**

**4) RELEASE OF LIABILITY (To be signed by participant)**

I hereby confirm that I have voluntarily chosen to participate in Youth Leadership Academy (YLA) events and am aware that certain event may present risks such as personal injury and property loss. I expressly and voluntarily assume all such risks that may occur in connection with the YLA.

I hereby release and agree to indemnify the YLA, its agents, affiliates and successors from all liability for injury, death or other claims, loss or damage occurring in connection with my participation in YLA events. I have read this agreement and release and fully understand its contents. I sign it of my own free will.

In addition, by submitting this form I allow the release of my name and image as part of an information database for the YLA, and that photos/videos produced during YLA events become the property of the YLA and can be used for YLA-related purposes and publicity.

Participant signature \_\_\_\_\_ Date \_\_\_\_\_

**5) AGREEMENT AND RELEASE OF LIABILITY (To be signed by parent or legal guardian)**

As legal parent/guardian of the minor who signed section 4 of this form, I hereby assent to the foregoing agreement on my own behalf and on behalf of the minor and her/his heirs and assigns. I further accept unto myself all responsibility and all liability for any injury, death or other claim, loss or damage that occurs to me and/or to the minor occur in connection with the minor’s participation in YLA events.

I will indemnify and hold harmless the YLA, its agents, affiliates and successors from all claims, judgments, and cost, including attorney’s fees, incurred in connection with any action that may be brought as a result of the minor’s participation in the YLA events.

I have carefully read this agreement and release and I fully understand its contents. I sign it of my own free will.

Parent/guardian name (please print): \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_