

Southern California Quarterly Meeting
Medical Release and Field Trip Permission Form for Youth
(Each youth must have a completed form for each program. Copy as needed.)

Family Name _____ Youth Name _____

Nickname _____ Age _____ Date of Birth _____

School Grade _____ Email address _____

Home Meeting _____ Youth Cell Phone # _____

Parent(s) Cell Phone(s) _____ / _____

Last tetanus vaccine _____ Interests/talents _____

Will your youth be participating in the sleepover? ____ Yes ____ No

Any special night needs? _____

Special health needs _____

(allergies, medications, behavioural concerns, activity limitation or anything else you want to tell us?)

My signature on this form gives permission for my youth to participate in the Quaker Adventures Teen Program and/or Children's Program (herein known as "the Program"), including field trips and transportation. I give my permission to the Program to provide appropriate care, and agree to notify the Program as to my planned whereabouts, so that I may be found if necessary. In the event of serious illness or injury to my youth, I give permission to the Program to sign for any needed medical attention that may be required.

My youth is covered under a health insurance policy? ____ Yes ____ No

If Yes, Policy # _____ Group # _____

Accident or Health Ins. Co. _____

As long as my youth is enrolled in the Program, I agree that they are not to leave the Program unless I take them under my care. I do not hold the Southern California Quarterly Meeting or any of its officers, clerks, members and/or staff responsible for any illness, injury or cost thereof that may occur while my youth is in their care.

Signature _____ Print Name _____ Date _____