

# Permission For Accompanied Minor's Attendance at UU Community Weekend at Camp Canadensis and Medical Treatment Consent

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**Name of Youth** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Parent(s) or Legal Guardian(s):**

Name(s): \_\_\_\_\_ and \_\_\_\_\_

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

Email: \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

**Alternate contact person(s) for emergencies:**

Name(s): \_\_\_\_\_ and \_\_\_\_\_

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

Telephone Number(s): \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

**Authorized Accompanying Adults:**

Name(s): \_\_\_\_\_ and \_\_\_\_\_

Telephone Number(s): \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

**Medical Insurance Coverage:**

Plan Administrator: \_\_\_\_\_

Plan Sponsor: \_\_\_\_\_ Plan Number: \_\_\_\_\_

Telephone Number for Authorization/Approvals: \_\_\_\_\_

**Permission/Authorization/Consent:**

I (the undersigned) am the parent or legal guardian of the above-named youth ("my child"). My child has my permission to attend UU Community Weekend at Camp Canadensis hosted by MLUC.

I authorize any of the adult advisors assisting to take any reasonable action to protect the safety, health and welfare of my child. In case of a medical emergency, I authorize any adult advisor to administer first aid treatment to my child and, if necessary in his or her judgment, to obtain emergency medical care for my child, including surgery. I hereby consent to the administration of emergency medical treatment (including surgery) to my child by any medical care provider. I also authorize the adult advisor obtaining such medical treatment for my child to give, on my behalf, any written consent for such medical treatment that is customarily required by the medical care provider, including written consent that releases the medical care provider from liability.

The following allergies, medications, or other medical issues should be made known to adult advisors or providers of emergency medical treatment: \_\_\_\_\_

**Signature of Parent or Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_