



Parent/Guardian Form for Minors



Location: Youth Coalition Activities
Date: Ongoing

I am the parent or legal guardian of the child named below, and I fully approve and consent to my child's participation in the above-mentioned event(s) sponsored by the Southwest Utah Public Health Department and in all activities related to the Washington County Youth Coalition.

I understand that the Southwest Utah Public Health Department will supervise my child's participation in the mentioned event, and I fully authorize the Southwest Utah Public Health Department to furnish my child with any necessary lodging and transportation for the above-mentioned activities. I agree that I cannot hold the Southwest Utah Public Health Department responsible for any actions by my child or any damages or harm those actions cause to my child or others. I agree to hold harmless and indemnify the Southwest Utah Public Health Department, its employees, agents and volunteers from and liability for personal injury, sickness, death, and property damaged caused by my child, which may be directly or indirectly the result of or in connection with his or her participation in the event or related activities.

I grant permission to the Southwest Utah Public Health Department to administer first aid and to transport my child to a doctor or hospital in case of injury or illness. If permission cannot be readily obtained, I authorize and prudent medical treatment for my child that may be necessary and agree to assume the responsibility for all cost of transportation and treatment.

I understand that the purpose of the Washington County Youth Coalition is to give my child the opportunity to educate his or her peers about tobacco industry manipulation, tobacco and other drug use, as well as learn leadership and advocacy skills. I hereby give my approval for my child's participation.

I further grant permission for (YOUTH'S NAME) _____ to appear in person, or in voice, video, or photographic presentation for radio, television, internet, or print media reports and media campaign(s) resulting from participation in this activity. I also give permission for my child to complete confidential or anonymous surveys and to participate in interviews for evaluation purposes. The information provided will be used to help determine whether or not the program has been successful in empowering youth,

Parent/Guardian's Home Phone: _____ Work Phone: _____

Emergency Contact Name: _____

Emergency Contact's Relation to Child: _____ Phone: _____

My child and I have read this entire document and agree to all of its terms and conditions.

Printed name of child

Signature of child

Date

Printed name of parent/guardian

Signature of parent/guardian

Date