**Sangre de Oro (SDO) 2017 Patient and Family Education Weekend**

**Youth Permission Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the parent or guardian of [names of all children] \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, youth participant(s) in SDO’s 2017 Patient and Family Education Weekend Event, hereby give my permission for my above-named child/children to participate in all on-site and off-site activities, field trips, retreats, and events sponsored by SDO. I consent to the child/children participating in all such events.

At times, we will offer a movie for viewing as part of our planned event.

□ Yes, I give my child/children permission to view movies with a G, PG, or PG-13 rating.

□ No, I do not give my child/children permission to view movies with a G, PG, or PG-13 rating.

I understand that the children will get to the place of activities, field trips, retreats, and events with adult supervision walking together in groups, adult-driven vehicles, or public transportation. In consideration of the child/children being allowed to participate in the activity, field trip, retreat, or event, on behalf of my child/children, my spouse and myself (and any other legal guardian), I hereby assume all risks in conjunction with the activities, field trips, retreats, and events. I further release SDO and all employees, contractors, consultants, and volunteers of SDO from all claims, judgments, and liability for any injury or damage due to the child’s participation in the activity, field trip, retreat, or event, including all risks connected therewith, whether foreseen or unforeseen. Furthermore, I acknowledge that it is my responsibility to provide adequate health insurance for my above-mentioned child/children. The permission and the information above is confirmed by my signature below.

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

Print Name of Parent/Guardian

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

Signature

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

Date

**SDO 2017 Patient and Family Education Weekend**

**Youth Permission Form**

**Medical Information**

|  |  |
| --- | --- |
| **Name of Child** | **Type of Bleeding Disorder** |
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|  |  |
|  |  |
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| --- | --- | --- |
| **Parents/Guardians** |  |  |
| **Name** | **Phone Number** | **Relation to Child** |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Emergency Contacts** |  |  |
| **Name** | **Phone Number** | **Relation to Child** |
|  |  |  |
|  |  |  |
|  |  |  |

Do any of your children have other medical conditions that staff should be aware of? If yes, please explain and include diagnosis and special treatment needs (e.g., asthma, needs inhaler daily).

In case of medical emergency, I hereby authorize Sangre de Oro staff (including contractors and consultants) and volunteers to secure any medical, surgical, dental, injection, anesthesia, and/or other aid that is in the best interests of the above-named child(ren) and is deemed necessary. I give permission for my child to be transported by staff, volunteer, or ambulance in a medical emergency situation. I agree to and understand that I am solely responsible for any and all costs for medical services and/or any transportation costs incurred.

Parent/Guardian Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(print)

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_