

Rotary Youth Leadership Award District 7490
Parental Consent for Participation & Medical Treatment
June 1 – June 6, 2008
 District 7490, Rotary International



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| Please print legibly or type: | | Complete all items. Parent or Guardian <u>must</u> sign. | |
| Student's Name: | | I want my name badge to read: (Nickname) | |
| Address: | | Sex: | DOB & Age: |
| City/State: | | Zip: | |
| Parent's or Guardian's Name: | | Parent's Work Phone: With area code: | |
| Parent's or Guardians Address: | | Home Phone: With area code: | |
| Alternate Contact Name: | | Phone Number: With area code: | |
| Email Address: | | | |
| Name of Medical Insurance Company: | | Policy Number & Phone Number | |
| Physician's Name: | | Phone Number: With area code: | |
| School Name: | | Phone Number: With area code: | |
| Sponsoring Rotary Club: | | | |
| Please list any problems, allergies or medical conditions of which we should be aware: (please use back of page if necessary): | | | |
| Please list any prescription medications, with dosage and frequency, that the student is using or might need: | | | |

PARENTAL AUTHORIZATION: I do voluntarily consent to said minor's participation in all activities of the Rotary Youth Leadership Award conference to be held at the Bryn Mawr Camp, Honesdale, PA on June 1-6, 2008. I assume responsibility for any medical or treatment fees or costs incurred directly or indirectly because of said minor's participation. I also authorize the representative(s) of Rotary International to arrange for professional care and treatment in case of medical emergency. I also authorize the representative(s) of Rotary International to administer non-prescription (also known as over-the-counter) medications for minor ailments unless otherwise noted on the back of this form. I hereby give my permission to the physician selected by the Rotarian(s) to hospitalize, secure professional treatment for and/or to order injections, anesthesia and/or surgery for the minor named above.

I certify that the above named participant WILL NOT be 18 years old by June 6, 2008
 I take full responsibility for any valuables that the above named participant takes to this camp.
A photocopy of this form is as valid as the original

I grant Rotary permission to use the above named minor for educational and promotional purposes. In addition, Rotary may contact the named minor regarding other Rotary programs including, but not limited to Interact, Rotaract, charity service events and scholarship opportunities. The above named minor's name, photograph, address, phone number and e-mail address may appear in the RYLA Weekbook and website and be dispersed to all RYLA candidates. Rotary is not responsible for any posts, written, audio, photographic, or video that may appear on social networking websites such as MySpace and Facebook or any other similar websites. The RYLA committee maintains an optional email list for all program alumni. I understand that any other cyberspace presentations are not sanctioned and not managed by RYLA 7490.

Print Parent or Guardian Name _____ Signature _____ Date _____