



**PARENTAL CONSENT FOR YOUTH FIELD TRIP**

**22<sup>nd</sup> Annual SISTER to SISTER Leadership Conference**

*Celebrating Asian & Pacific Islander Women of Tomorrow*

Thursday, April 13, 2017

San Jose School of Arts & Culture

1700 Alum Rock Avenue, San Jose, CA 95116

Youth Participant Name				
Age	Sex	Ethnicity	School / Organization	Grade
Address, City, Zip Code			Phone	

Existing physical or medical conditions: \_\_\_\_\_

Current Medications: \_\_\_\_\_ Allergies (including allergy to any medication or drug): \_\_\_\_\_

Name of Physician/Hospital/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

I, parent/guardian, undersign to my child’s permission to attend the activity stated above, sponsored by Asian American Recovery Services, a program of HealthRIGHT 360. Further, I understand that my child will abide by the policies and procedures set by HealthRIGHT 360 (listed below) to ensure my child’s rights and safety, as well as those of others. ANY violation to these rights will result in a termination of my child’s rights to participate in the activities, and may also result in a report to proper authorities.

- **Alcohol, Tobacco, other Drugs and paraphernalia is prohibited.**
- **Possession of weapons is prohibited.**
- **Sexual Activities/Harassment/Smoking/Fighting will not be tolerated.**

I understand that this activity may involve my child being transported by a HealthRIGHT 360 vehicle, and I release them from any liability. Also, in the event my child experiences an accident, injury, or medical emergency while participating in this activity, I give permission to HealthRIGHT 360 to seek medical treatment for my child.

**I, parent/guardian, will be responsible for picking up my child for the activity unless prior arrangements were made with HealthRIGHT 360 staff.**

Parent/Guardian Printed Name	Parent/Guardian Signature	Date
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<b>In case of Emergency, please notify:</b>	
Name: _____	Relationship: _____
Home Phone: _____	Other Phone: _____

