

Fernie Youth Action Network Consent and Medical Information Form

Parent/Guardian Release from Liability & Waiver of all claims and assumption of risk

**FYAN Event: Youth Theatre Games Night @ Art Station
August 24 2017, 6:30 PM – 8:00 PM**

Participant's Name: _____ BC Medical# _____

Parent/Guardian Name: _____

Emergency Contact Person: _____ Phone: _____

Date of Birth: _____ Allergies: _____

Medical Problems/Special Needs: _____

Is your child on medication? _____ If YES, state kind: _____

Family Doctor: _____ Phone Number: _____

PHOTO RELEASE

Photo Consent - I consent to photographs taken of my child during their participation in Fernie Youth Action Network programming and to publication of the photographs for advertising, promotional and marketing purposes. Photos may be used without payment or any other consideration.

Signature of parent/guardian: _____ Date: _____

I, the parent/guardian of the above-named participant, give my voluntary consent to his/her participation in Fernie Youth Action Network **Youth Theatre Games Night** including theatre games and eating snacks.

I acknowledge that some activities may involve an element of risk with the understanding that reasonable precautions shall be taken to ensure the health and safety of the above-named participant.

I, the parent or guardian of the above-named participant, give the staff of Fernie Youth Action Network permission to administer first aid treatment, and/or to seek emergency medical treatment, in the event of an injury sustained by the aforementioned child. All costs incurred are the responsibility of the parent/guardian.

As the parent/guardian of the participant, I hereby authorize the Fernie Youth Action Network and/or their agents to obtain any and all medical attention they deem necessary for the welfare and good health of the above-named participant while in the care of the Fernie Youth Action Network, and to approve and arrange any treatment ordered by professional medical staff. I give this permission with the understanding that reasonable attempts will be made to consult with me beforehand except in cases of minor illness and/or first aid where deemed appropriate.

I release the Fernie Youth Action Network, its directors, staff and agents from responsibility for any loss, personal injury, accident, misfortune or damage to the above-named participant or his/her personal property during his/her participation in the **Youth Theatre Games Night**, including transportation to and from the program or program activities.

Signature of parent/guardian: _____ Date: _____