

CORTLAND YOUTH BUREAU
PERMISSION SLIP AND AUTHORIZATION FOR EMERGENCY TREATMENT OF MINORS
<General Transportation Permission>

As a precaution that the parents/guardian know and approve of their children (child) riding in a Cortland Youth Bureau designated vehicle in the care of a Youth Bureau staff member on any given day, remaining within the perimeters of Cortland County (for example: participating in a local fishing trip, accompanying a staff member on an errand, etc.), please sign and return this form to the Teen Center or Youth Bureau Office. This Permission Slip remain in effect until voided by the parent or guardian.

I the undersigned, parent/guardian of _____
(Child's Name)

do hereby for myself, my heirs, executors and administrators, waive and release any and all right claims or damages I may have against the Cortland Youth Bureau, their representatives, successors, assigns for any and all injuries, illness, and loss of damage of personal property by the above named person while traveling in a Youth Bureau designated vehicle to or from any location with Cortland County and during participation in whatever activity is taking place. I also understand and agree that my child's photo may be taken while participating in Cortland Youth Bureau sponsored programs or trips and such photos may be used for promotional publication purposes.

I wish to be contacted for verbal approval before any transportation takes place (please circle one) **YES** **NO**

 Child's Date of Birth Parent or Guardian's Signature

 Home Address

 Telephone Number Emergency Telephone Number Today's Date

I, being the parent or legal guardian of the above named minor, do hereby appoint:

The Cortland Youth Bureau

To act on my behalf in authorizing **emergency** medical, dental, surgical care and hospitalization for the above named minor during the period of my absence in the event I am unreachable or unavailable during an emergency that happens while my child is under Cortland Youth Bureau supervision.

 Parent/Guardian Signature and Date Witness Signature and Date

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as **emergency** medical, dental, surgical care or hospitalization may be required.

PLEASE LIST: Allergies: Medications:

Last Tetanus Shot _____ List any other medical problems: _____

 Hospitalization Insurance Provider Identification/Contract #