

ANETH CHAPTER

Parental Consent Form for Summer Youth Employment Program

This form is recommended for Aneth Chapter use to obtain approval and consent for Aneth Chapter's Summer Youth Employment Program (SYEP) prospective applicants to participate in employment activity. This form is required for use with a description of work activity and necessary tools/equipment to perform work which is to be provided by worksite supervisors. It is recommended that parents keep a copy of the form and contact the worksite supervisor or Aneth Chapter in the event of any questions or in case emergency contact is needed.

First name of participant and middle initial _____ Last name _____
Address _____ City _____ State _____ Zip _____
Birth date _____ Age during activity _____
Worksite location _____ Worksite supervisor _____
Job title _____

To be completed by participant and parent/legal guardian:

I understand that participation in SYEP activities involves a certain degrees of risk and can be physically and mentally emotionally demanding. I have carefully considered the risk involved and have given consent for myself and my child to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules, regulations, and standards of conduct. I release the Aneth Chapter, the selected worksite location _____ and its activity coordinators as well as all employees, volunteers, related parties, or other organizations associated with the activity from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby [] DO / [] DO NOT give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child. Medical providers are authorized to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature _____ Date _____

Parent/Guardian printed name _____

Parent/guardian signature _____ Date _____

Area code and telephone number (best contact and emergency contact) _____