



**Exploring County Government
Madison County Youth Bureau**



Permission Form

Information in this form will be used to help ensure a safe, positive experience for your child. The Madison County Youth Bureau and medical personnel will be able to view this form. Information will only be used as needed.

Participant Information (please print):

Participant's Name:

Date of Birth:

Parent/Guardian Name:

Daytime Phone:

Mailing Address:

Authorization for Treatment of a Minor (please print):

In the event that I cannot be reached in an emergency, I hereby give permission for the physician selected by the Madison County Youth Bureau to hospitalize, secure proper treatments for and order injection, anesthesia, or surgery for my child as named above. In the event of any emergencies during Exploring County Government the undersigned hereby grants authority to be exercised at the discretion of the Madison County Youth Bureau personnel to dispense over-the-counter medication.

Emergency Contacts:

Name:

Home Phone:

Relationship:

Cell Phone:

Name:

Home Phone:

Relationship:

Cell Phone:

Insurance Carrier Name & Address:

Policy Number:

Family Physician:

Phone Number:

Allergies:

Medical Problems:

Medication Currently Being Used:

Any other necessary information:

Signature of Parent or Guardian

Date



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Photo Release

I understand that photos are important for the purpose of promoting Madison County Youth Bureau activities. I give my permission for photos of my child to be used in a professional manner by the Madison County Youth Bureau. I understand that the Madison County Youth Bureau may use these pictures in a variety of ways, namely in press releases, presentations, websites, or in promotional materials. I understand that if I have any questions or would like to terminate this agreement that I will contact Joanne Eddy, Madison County Youth Bureau Director, 366-2574.

Parent/Guardian Signature: _____ **Date:** _____

Transportation Agreement

I give permission for my child, _____ to participate in the Exploring County Government Program including the job shadow experience. I understand it is my responsibility to arrange for transportation to and from the site if not provided by the school. I also understand that in the course of the experience my son/daughter may be transported by a county vehicle. I understand that Madison County assumes no responsibility for health or accident insurance.

Parent/Guardian Signature: _____ **Date:** _____

Participation Agreement

I promise to be on time for all activities and take an active role in this experience.

Youth Signature: _____ **Date:** _____