

PK Kids Playhouse for Disabled & Disadvantaged Children, Inc.

Youth Mentor Permission Slip/Medical Release Form



Youth Mentor: _____

PURPOSE: Pink Pearls for Girls and Boys In Black Mentor Program provide reading and mathematics mentoring activities to intellectually challenged children to help them become integrated with other children and encourage social inclusion in their community.

Medical Release:

(I) (We), the undersigned parent(s)/Guardian(s) of _____, hereinafter grant permission for the above named minor to attend the mentor-directed activities. (I)(We) understand that the adult mentors or volunteers of PK Kids Playhouse for Disabled & Disadvantaged Children, Inc., hereinafter will enforce reasonable safety precautions. However, in the event of an accident or injury to the above named youth, (I) (We) will not hold PK Kids Playhouse for Disabled & Disadvantaged Children, Inc. responsible. It is understood that neither PK Kids Playhouse for Disabled & Disadvantaged Children, Inc. nor the adult mentor may provide medical insurance coverage and that (I) (We) will be responsible for any or all medical expenses incurred by the above named minor.

It is also understood that (I) (We) authorize the adult mentor to act as an agent of the undersigned, to consent to any professional transportation (i.e. ambulance), X-ray examination, anesthetic, medical/surgical diagnosis or treatment and hospital care which is deemed advisable by, and to be rendered from, a licensed physician or surgeon. The authorization will remain in effect for the duration listed above, or until revoked by (Me) (Us), the undersigned parent(s)/guardian(s).

Liability Release:

In consideration of my child's participation in the PK Kids Playhouse for Disabled & Disadvantaged Children, Inc. Youth Mentoring Program, (I) (We) do hereby for myself, my heirs, Executors and Administrators, waive release and forever discharge any and all claims with the rights for damages which (I) (We) may have or which may hereafter accrue to me against, my child's appointed adult mentor, acting as a representative of PK Kids Playhouse for Disabled & Disadvantaged Children, Inc. itself and its Officers, Agents, Representatives, Successor, and/or assigns any damages and liabilities which may be sustained and suffered by me or my child in connection with, participation in the Youth Mentoring Program.

Transportation Release:

PK Kids Playhouse for Disabled & Disadvantaged Children, Inc. has permission to be transported by his or her appointed adult mentor during their times together.

By my signature below (I) (We) grant permission for my child to participate in the Mentoring program and acknowledge that (I) (We) fully understand agree to comply with the Medical, Liability and Transportation Release statements above.

Medical Release Information

Insurance Name _____
Policy Number _____
Name of Health Insurance Provider _____
Primary Physician _____
Address _____
Phone _____ Hospital _____ Preference _____

Prescribed Medications:

Seizures: ____ Yes ____ No

(If "yes," please state how often and what type usually occur):

Other Medical Conditions (Please describe, i.e. diabetes, allergies, etc.):

Other Instructions or Precautions:

Parent Signature: _____

Printed Parent Name: _____

Youth Mentor Name: _____

Youth Mentor Signature: _____

Witness Signature: _____ Date: _____

