



TriCounty Health Department
WYMAN'S Teen Outreach Program
Parent/Guardian Consent Form

- I hereby request and consent that my child or ward, _____, be permitted to participate in the activities and events sponsored by the TriCounty Health Department and in all ongoing activities related to WYMAN'S Teen Outreach Program (TOP) I understand that he/she will be participating in a positive youth development program with one to two lessons on human development.
- I understand that my child may be involved in some physical activities and educational activities as part of community service learning projects. In consideration of my child or ward being allowed to participate in TOP activities, I hereby release from liability and agree to indemnify and hold harmless my child's school, the TriCounty Health Department, their officers, employees, and agents from any claim or cause of action arising out of and related to any injury, loss, damages, caused by my child or other liabilities that may occur as a result of my child or ward's participation in his/her TOP activities. I fully authorize the TriCounty Health Department to furnish my child with any necessary transportation for the above-mentioned activities. My child or ward may be transported by employees of TriCounty Health Department, volunteers, or partners.
- I authorize any official, employee, agent, or volunteer consent to emergency medical treatment as necessary for the health and safety of my child or ward. I further agree that no official, employee, agent, or volunteer will be held responsible for injuries or damages arising from the provision of any such emergency medical treatment. I do hereby agree to indemnify and hold harmless my child's school, TriCounty Health Department, other sponsoring agencies' officials, employees, agents, and volunteers from any and all liability, damage, loss, claims, or demands, whatsoever, including attorney's fees, which arise out of or are in any way connected with the provision of such emergency medical services.
- I grant permission for my child or ward to appear in person or in voice, video, or photographic presentation for radio, television, electronic or print media reports and/or media campaign(s) resulting from participation in his/her TOP activities. I understand that my child and/or myself will have the option to receive updates and information through phone call, text message, and social media avenues including, but not limited to Facebook, Snapchat, etc.
- I allow him/her to complete confidential or anonymous surveys and participate in interviews for evaluation purposes.

**PLEASE COMPLETE THE INFORMATION PROVIDED ON THE BACK OF THIS FORM AND
RETURN TO INSTRUCTOR**

PLEASE SIGN & RETURN TO INSTRUCTOR

Childs Name: _____ Age: _____ Grade: _____
School: _____
Parent/Guardian Name (Printed): _____
Home Phone: _____ Cell Phone: _____
Address: _____
Emergency Contact : _____
Home Phone: _____ Cell Phone: _____
Youth Allergies: _____
Dietary Restrictions: _____
Special Needs/Physical Limitations: _____
Parent/Guardian Signature: _____
Date: _____

For any questions regarding this program please contact Ashley Linschoten at 435-247-1155, or alinschoten@tricountyhealth.com, thank you.