



Parent/Guardian Permission Form

I, _____, parent/guardian (circle one) of
_____, give permission for my child to travel to
_____ on _____ for _____.

I also give my consent to obtain emergency medical and dental care for the student if such attention is required at any time when I am unavailable for contact at the numbers listed below. I further agree to release the Philadelphia Youth Network from any and all liabilities, claims, demands, or causes of action for any injuries or harm to the student or student's property at any time during participation.

Parent/Guardian Signature _____

Print Name _____ **Date** _____

EMERGENCY CONTACT INFORMATION

Primary Contact:

Name: _____ Relation to youth: _____

Phone (Day): _____ Phone (Evening): _____

Secondary Contact:

Name: _____ Relation to youth: _____

Phone (Day): _____ Phone (Evening): _____

EMERGENCY HEALTHCARE INFORMATION

Physician's Name: _____ Phone Number: _____

Insurance Company: _____ Policy Number: _____

Philadelphia Youth Network is the managing partner of WorkReady Philadelphia, Project U-Turn and the E³ Power Centers. For more information on each initiative, please visit www.pyninc.org.

