

## PERMISSION SLIP

I have read the important information on the event my son/daughter plans to attend. I give permission for my child, (name) \_\_\_\_\_, to attend and participate in the Youth Advocate & Leadership Conference on June 4, 2016 at the North Olmsted Branch of the Cuyahoga County Public Library.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Phone: \_\_\_\_\_

Emergency Contact Person's Name: \_\_\_\_\_

Emergency Contact Person's Phone: \_\_\_\_\_

Child's Allergies to Foods or Medicine: \_\_\_\_\_

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### Emergency Medical Authorization

If I cannot be reached in an emergency, I give my permission to the physician selected by Asian Services In Action, Inc. (ASIA) to provide emergency medical treatment to my child.

I do not give my consent for emergency medical treatment of my child. In the event of an illness or injury requiring emergency treatment, I want the authorities to take the following action: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

### Photo Release

I hereby give my permission for the program to use any photos taken of my child during the event to be used in ASIA's website, newsletter, and press releases.

I do not wish for my child's photo taken during the program to be used in ASIA's website, newsletter, and press releases.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_