

2008 Washington State Prevention Summit Medical Emergency Contact Information Form

Youth **must bring an original and two (2) copies of this completed form with them to the onsite check-in desk.** (One copy is kept with the youth; one is to be in the chaperone's possession and one copy filed at the registration desk. Thank you for your cooperation in this matter.) **This form must be submitted for every youth participant at the time of on-site check-in. If the youth is under the age of 18 a legal parent or legal guardian must sign for the youth.**

Note: *Without this completed form in hand youth will be denied entrance into the Summit.

Participant Name (Please PRINT CLEARLY)

(Last)	(First)	(DOB)
(Hotel Name)	(School)	(City)
(Chaperone's Name)	(Hotel Name)	
(Insurance Company)	(Insurance Policy Number)	

List any medications currently prescribed:

List of allergies, especially to medications:

Agreement and Consent for Treatment

The parent/guardian authorizes the DSHS/HRSA/DASA staff members or volunteers to administer emergency medical aid to the youth. In the event that the parent/guardian can not be reached within an appropriate period of time, given apparent medical condition of the youth, the parent/guardian hereby authorizes the transportation of the youth by ambulance, aid car, or program vehicle, to a medical facility for evaluation and treatment. The parent/guardian further consents to medical care and treatment, including, but not limited to, surgical and other procedures, by or under the supervision of a licensed health care provider, called in or otherwise selected by a DSHS/HRSA/DASA staff member or volunteer, and to hospital care, when such care or treatment is deemed by the licensed provider to be immediately necessary or advisable in order to safeguard the youth's health. The parent/guardian acknowledges that **it is the responsibility of every individual, including the parent/guardian, to provide adequate accident and health insurance coverage for the youth** participating in The Washington State Prevention Summit and further acknowledges that The DSHS/HRSA/DASA does not provide insurance coverage for participants.

(Parent/Guardian Signature)	(Relationship to child)	(Date)
(Home/ Phone)	(Work/Phone)	
(Other Phone #, in case of emergency)		