



**CITY OF LAUDERHILL
YOUTH COUNCIL PARENTAL PERMISSION,
MEDICAL AND LIABILITY WAIVER FORM**

Member Name: _____
(Please Print)

Home Address: _____

City: _____

Telephone: (H) _____ (W) _____ (Cell/Other) _____

School Enrolled: _____ Student E-Mail: _____

Gender: _____ Date of Birth: _____

Emergency Contact: _____ Relationship: _____

Telephone: (H) _____ (W) _____ (Cell/Other) _____

Emergency Medical Consent and Authorization for Treatment

In the event of an injury that requires medical treatments, your child's medical insurance will be the primary insurance.

Insurance Company
Name: _____

Policy
Number: _____ Telephone: _____

I hereby give permission I hereby give permission to the staff to secure proper treatment for my child in the event of illness/injury, if I cannot be reached. I give permission to the physician selected by the staff to hospitalize my child and to authorize the necessary treatment, including anesthesia and surgery.

Liability Waiver and Photograph/Media Consent

I hereby declare that I and the legal parent/guardian of the above named participant and give my consent for his/her participation in the City of Lauderhill Youth Council. In consideration if my child being permitted to participate, I hereby release, waive indemnify and hold harmless the City of Lauderhill, their agents, employees or volunteers from any and all liability for all injury, loss, damage and/or claim of damages to the person or property of my child during his/her participation with the City of Lauderhill's Youth Council, or its agents. I understand that my child is participating at his/her own risk. I further authorize the use of such photos and/or videos for any promotional and /or documentary purposes without compensation.

Parent/Guardian Name (Please Print): _____

Signature: _____