





# New Heights Youth, Inc. Parental Consent Form

I, the undersigned, I certify that I am the parent or legal guardian of \_\_\_\_\_. As such I grant permission New Heights Youth, Inc regarding the following checked items:

- Do hereby grant permission to New Heights Youth, Inc. to use the image of my child. I understand that this program features special events. Media representatives, newspapers, and television reporters, photographers, event staff, and public –relations personnel may be present at these special events to record them. In some cases, they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote the New Heights program.
- I give my consent for my child to participate in all trips with New Heights.
- I give permission for my child to eat meals or snacks provided by the program
- I give permission for the release of all academic records to be available for New Heights Youth, Inc.
- If my child requires emergency medical care and I cannot be reached, I give my consent to New Heights to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after care is provided.
- I give permission for child to participate in the New Heights Program. I am fully aware that some program activities can be dangerous and may result in serious injury. Knowing, understanding, and fully appreciating all possible risks and dangers, I hereby expressly, voluntarily, and willingly allow my daughter/ son’s participation in New Heights’ program activities. In consideration of my daughter/son’s participation, I hereby waive all claims or causes of action against New Heights, its officers, directors, employees, and agents from all liability in connection therewith. Furthermore, I give any New Heights parent, faulty, and/or staff present at the program permission to seek out emergency medical attention for my daughter/son in the event that she/he becomes injured.

**Medical Information**

\_\_\_\_\_  
Hospital/Clinic Preference

\_\_\_\_\_  
Physician’s Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Physician’s Address

\_\_\_\_\_  
Medications Being Taken Currently (if any)

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Policy Number

\_\_\_\_\_  
Allergies/Special Health Considerations

Parent/guardian signature \_\_\_\_\_

Date \_\_\_\_\_