

# Medical and Emergency Consent Form

## (For youth under 18 years old)

Date:

Participant Name:

Parent/Legal Guardian Name:

Address:

Phone Number/Home:

Phone Number/Mobile:

Phone Number/Work:

Phone Number/Other:

### EMERGENCY CONTACT

Name:

Relationship:

Address:

Phone Number/Home:

Phone Number/Mobile:

Phone Number/Work:

Phone Number/Other:

I hereby authorize and request that medical treatment be performed as required. This would include transportation to a medical emergency center site(s) in the Las Vegas area.

I hereby authorize the release of my personal information to [service provider name], Workforce Connections and/or partnering agency program(s). I have read, understand and voluntarily sign this form.

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Applicant Signature

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Date

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Parent/Guardian or Responsible Adult  
(If Applicant is under 18 years of age)

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Date