

**Northern Lights SADD
Parent Permission/Health Form**

I, the parent/guardian of _____ allow him/her to be involved in the **Northern Lights SADD conference March 26-28, 2017**. I understand that all reasonable safety precautions will be taken at all times by Northern Lights Youth Services (NLYS) staff and volunteers. I understand the possibility of unforeseen hazards and the inherent possible risks.

1. Are you aware of any physical or emotional disabilities that will affect you during this event? If yes, please explain:

2. List any recent illness:

3. Are you presently using any prescribed medications?

4. Allergies, if any:

I authorize treatment by licensed medical personnel deemed necessary for my child in the event of a medical or dental emergency. In consideration of the minor's participation in the NL SADD conference, I/we agree to release, indemnify and hold harmless NLYS, its employees and agents, contracted or otherwise from any liability for injury, disease or damages from said participation.

Parent/Guardian Name _____

Address _____

City _____ State _____ Zip _____

Work Phone # _____

Home Phone # _____

Health Insurance Co. _____

Policy Number _____

Parent/Guardian Signature _____ Date _____