

**THRIVE365 Youth Council**  
a Youth Outreach Initiative from SCOPE Health Council  
**PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM**

**Participant Name:** \_\_\_\_\_

**Birth date:** \_\_\_\_\_

I give permission for my child (named above) to attend the events, field trips, and community service projects associated with the **SCOPE Health Council's THRIVE365 Youth Council** in Socorro, New Mexico

**Medical Release**

I hereby authorize the **SCOPE Health Council's THRIVE365 Youth Council** leaders, volunteers, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child.

**Activity Release**

I further give permission for my child to participate in all activities sponsored by the **SCOPE Health Council's THRIVE365 Youth Council**.

\_\_\_\_\_  
**Signature of Parent or Legal Guardian**

\_\_\_\_\_  
**Printed name of Parent or Guardian**

\_\_\_\_\_  
**Date**

**EMERGENCY CONTACT INFORMATION**

**Parent(s)/Guardian(s)**

\_\_\_\_\_  
Name(s)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

Phone Numbers	Phone Type (Home, Mobile, etc.)

\_\_\_\_\_  
Parent(s)/Guardian(s) Email address(es)

\_\_\_\_\_  
Email address(es)

**Other Emergency Contact(s)**

\_\_\_\_\_  
Name(s) Relationship to Participant


Health Care Information

Participant Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

**Physician**

**Dentist**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone

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

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

\_\_\_\_\_  
Policy/Group Number

\_\_\_\_\_  
Policy/Group Number

\_\_\_\_\_  
Name of Policy Holder

\_\_\_\_\_  
Name of Policy Holder

Please list any allergies to drugs, foods, plants, insects, etc:

Date of last tetanus shot \_\_\_\_\_

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures):

Please list any non-prescription (over-the-counter) medication you do NOT want dispensed to your child:

Please list any additional information relevant to participating in Youth Council activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.):

**Photo/Media Release**

You have received this parental consent form to both inform you and to request your permission for your child’s photo/image and name to be published on [scopehealthcouncil.com](http://scopehealthcouncil.com) and/or any other websites maintained, owned, and/or administrated by **SCOPE Health Council’s THRIVE365 Youth Council**. The law requires that we ask for your permission to use information about your child. Pursuant to law, we will not release any personally identifiable information without prior written consent from you as parent or guardian. Personally identifiable information includes youth names, age, grade, and photo or image. If you, as the parent or guardian, wish to rescind this agreement, you may do so at any time in writing by sending a letter to the ***SCOPE Health Council THRIVE365 Youth Council Facilitator/Youth Outreach Coordinator, Bernadette Lopez***, and such rescission will take effect upon receipt.

Check one of the following choices:

\_\_\_\_\_ I/We GRANT permission for this youth’s photo/image and all other personal identifiers listed above to be published on the SCOPE Health Council public website or any site operated by SCOPE Health Council.

\_\_\_\_\_ I/We GRANT permission for ONLY a photo/image that includes this youth without any other personal identifiers to be published on the SCOPE Health Council public website or any site operated by SCOPE Health Council.

\_\_\_\_\_ I/We DO NOT GRANT permission for photo/image that includes this youth to be published on the SCOPE Health Council public website or any site operated by SCOPE Health Council.