

**COMING OF AGE PROGRAM AND BOSTON TRIP**  
**Parent Permission Form and Consent to Medical Treatment**

(Name of Participant) \_\_\_\_\_

has my approval to take part in the Coming of Age (COA) program, which will be meeting in Unitarian Universalist locations on Long Island, and (optionally) traveling to Boston in April 2023.

I understand that my child will be expected to abide by all regulations during the course of the Coming of Age program.

I hereby give my permission for my child to participate in the above-described activity.

I further agree that, in the event of an accident, illness or any other circumstance requiring medical treatment, such treatment may be procured for my child without financial obligation to the Long Island Area Council.

Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

The leaders of the Coming of Age course should be able to reach a parent at all times.

PLEASE SUPPLY EMERGENCY TELEPHONE NUMBER(S):

\_\_\_\_\_

**AUTHORIZATION TO TREAT A MINOR**

I (We), the undersigned parent, parents or legal guardian of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital holding a current license. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

Date: \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

Allergies to Drugs or Foods \_\_\_\_\_

Date of last Tetanus Toxoid Booster \_\_\_\_\_

ANY OTHER IMPORTANT MEDICAL INFORMATION WE SHOULD KNOW:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(THIS FORM SHOULD BE KEPT BY THE CHAPERONE AT ALL TIMES)