



# Parental Consent Form

BRESEE ID # \_\_\_\_\_

184 S. Bimini Place, Los Angeles, CA 9004 • *ph:* (213) 387-2822 • *fax:* (213) 385-8482 • *web:* www.bresee.org

print name

print name

\_\_\_\_\_  
**Parent or Legal Guardian (herein "Parent")**

\_\_\_\_\_  
**Youth (herein "Minor")**

The **P. F. Bresee Foundation** (herein "**Foundation**") is a drop-in center with programs for youth 11-20 years of age.

### Permission To Participate

The above-named Parent of the Minor has entrusted the Minor into the care of the Foundation while the Minor participates in programs, activities, events, transportation or services sponsored by the Foundation. By signing this form, the Parent: 1) grants permission for the Minor to participate in the youth development program of the Foundation; 2) authorizes the staff of the Foundation to seek medical treatment for the Minor in emergency situations; and 3) agrees to waive any right, cause of action or legal remedy against the Foundation, its staff, volunteers, officers, or Board of Directors, arising out of the Minor's participation in the youth development program of the Foundation.

### Medical Treatment of the Minor

The Parent does hereby authorize the Foundation consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and surgeon licensed under the laws of the State or Country in which medical care is being sought and on the medical staff of any hospital; and/or consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment to be rendered to the Minor by any dentist licensed under the laws of the State or Country in which dental care is being sought.

It is understood that this authorization is given in advance of any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care being required, but is given to provide authority and power on the part of the Foundation to give specific consent to any and all such examination, anesthetic, diagnosis, treatment, and hospital care which the aforementioned surgeon, physician, and/or dentist, in the exercise of his or her best judgment, may deem advisable.

The Parent hereby authorizes any hospital which has provided treatment to the Minor to surrender custody of the Minor to a representative of the Foundation upon completion of treatment. The Parent hereby agrees to fully pay all costs of medical or dental care incurred for the Minor by the Foundation under this authorization.

Emergency **Day-Time** Phone # where Parent can be reached:           (      )          -          

Emergency **Evening** Phone # where Parent can be reached:           (      )          -          

Parent Address: \_\_\_\_\_

Special Medical Conditions and Medications of Minor: \_\_\_\_\_

Does Minor have Health Insurance? YES NO                      If yes, name of insurance: \_\_\_\_\_

Name of Minor's Regular Doctor and/or Clinic: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Waiver of Liability

The undersigned Parent hereby waives any and all rights, actions, claims or remedies which the Parent may have against the Foundation and its staff, volunteers, officers, and Board of Directors, arising out of any injury or damage that may be incurred by the Minor's participation in any program, activity, event, transportation or services sponsored by the Foundation. By affixing his/her signature below, the Parent acknowledges that the Parent has read this Parental Authorization and the Parent agrees to its terms.

### Termination

These authorizations shall remain effective as long as the Minor participates in the programs, activities, events, transportation, or services of the Foundation unless sooner revoked in writing delivered to the Foundation.

**Parent or Legal Guardian:** \_\_\_\_\_

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