

COUNTY OF RIVERSIDE YOUTH COMMISSION

PARENTAL CONSENT AND WAIVER OF CLAIMS

I hereby request that my child (*name*) _____
Be permitted to participate in the Riverside County Youth Commission program activities. My child is currently in good physical and medical condition. In the event that my child becomes ill or injured, he or she may receive First Aid.

In case of emergency, my child may be admitted to a hospital. I agree to hold harmless the County of Riverside, its officers, agents, and employees for medical aid rendered. I will also reimburse the County of Riverside for medical or other expenses incurred for medical aid on behalf of my child.

I understand and acknowledge that the County of Riverside does not provide medical insurance for Youth Commission activity participants. I hereby release the County of Riverside, its officers, agents, and employees from all liability, demands or claims from any loss, damage or injury resulting from participation in the Riverside County Youth Commission, and do hereby give consent for my child to receive emergency treatment.

Dated: _____
Signature of Parent or Guardian

Address: _____

City

Zip Code

Day Phone: () _____ Evening Phone () _____

CHILD'S MEDICAL INFORMATION

Doctor _____ Phone () _____

Existing Medical Conditions: _____

Allergic To: _____

Special Needs: _____
