

Illuminate Permission Slip  
**Youth Convention 2008**

Student Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Parent/Legal Guardian Phone \_\_\_\_\_

**Permission to participate/emergency medical care and treatment**

I \_\_\_\_\_ give permission for my son/daughter named above,  
Please Print Name  
to participate in Youth Convention 2008 in Yakima, WA (October 10-11).

If it should become necessary for my child to receive medical treatment for any reason, I understand that the medical insurance policy for Neighborhood Life Center acts in a primary position only to submit all claims first to my insurance company and then to the insurance company for Neighborhood Life Center.

I also accept full responsibility for the cost of medical treatment for any injury suffered while taking part in the program which is over and above that which is covered by insurance. In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, and it is not advisable to take the time to contact me in advance. I waive my right to informed consent for such treatment.

Moreover, I understand that temporary emergency measures may be necessary to safeguard my child's health, and I do hereby authorize and request personnel from Neighborhood Life Center to administer or supervise such treatment and to do any procedure that they deem necessary until such time as my child can be safely transported to a doctor or hospital.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2008

Parent/Legal Guardian Signature \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_