

WIOA Youth Program Medical Consent and Emergency Information Form

Name: _____

Last

First

Sex at birth:

Female

Male

Address: _____

Street/Post Office Box

City

State

Zip

Telephone: _____

Cell/Message Phone: _____

In the case of an emergency and I am unable to be reached contact:

Name	Relationship	Phone	Cell/Message

Please check all that apply

Medical Information		Medical Information	
Asthma or Other Respiratory Problems	✓	Medications (List below)	✓
Diabetes, or Hypoglycemia		Bee Stings/Insect Bites	
Hemophilia, or Other bleeding Problems		Foods (List below)	
Circulatory or Heart Problems		EPI Pen	
Epilepsy		Other Significant Medical Conditions	

Medical Details: _____

Mark box that applies:

1. In the event of an emergency, when a parent/guardian is unavailable, I authorize _____ Personnel to arrange for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment.
2. I do not choose the above statement and desire the following action in the event of an emergency:

Participant's Signature

Participant Print Name

Date

Parent's/Guardian's of youth under 18

Parent/Guardian Print Name

Date