

Copy and fill out for each child.

SPONSOR/PARENT
AT SCYM: _____

CHILD'S
NAME: _____

STATEMENT OF PARENTAL RESPONSIBILITY AND PERMISSION

REQUIRED FOR ALL FRIENDS UNDER 18 YEARS OF AGE
(and older Friends who plan to attend the High School program.)

**CHILDREN CAN NOT BE ADMITTED TO SCYM's YOUTH PROGRAM
WITHOUT A SIGNED FORM.**

PARENTS/SPONSORS: A separate form must be filled out and signed for each child who attends Yearly Meeting. Please photocopy and complete **both sides** of this form for each of your children (and any Young Friends over 18 who are participating in the high school program). Include it with your registration to SCYM.

It is SCYM's expectation that all children and Young Friends

- **Must be accompanied to YM by a parent or sponsor who is also a registered participant in the YM Adult Program and who remains at the Camp during YM;**
- **Will participate in programs that have been specifically provided for them;**
- **Who will not be in attendance at any program session must be under the parent/sponsor's immediate supervision and that the assigned program coordinator must be informed by the parent/sponsor at the beginning of that session.**

On behalf of my child, (name) _____, I agree to inform the appropriate program coordinator any time my child has my permission not to attend the formal program provided, and I will then be completely responsible for my child's immediate supervision.

If my child is not in attendance at the formal program and I have not contacted the appropriate program coordinator, I will be contacted and I will work with the coordinator to solve the problem.

I agree to perform all the above responsibilities.

Signed (Parent) _____ **date** _____

Signed (Sponsor--if applicable) _____ **date** _____

Copy and fill out for each child.

SPONSOR/PARENT
AT SCYM: _____

CHILD'S
NAME: _____
AGE _____ BIRTHDAY _____ 19____
mo. day year

SCYM MEDICAL FORM
REQUIRED FOR ALL FRIENDS UNDER 18 YEARS OF AGE
(and older Friends who plan to attend the High School program.)

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EMERGENCY MEDICAL INFORMATION (please specify)

ALLERGIES _____

MEDICATIONS _____

PHYSICAL IMPAIRMENTS _____

RESTRICTIONS _____

SPECIAL INSTRUCTIONS _____

MEDICAL HISTORY _____

MEDICAL EMERGENCY RELEASE FORM

1 I will be in attendance at SCYM. In the event of an illness or accident, attempts to contact me should be made at Greene Family Camp.

1 I will not be in attendance at SCYM. In the event of an illness or accident, attempts should be made to contact the adult in attendance named immediately below, who is acting as sponsor for my child at SCYM.

Temporary sponsor _____

1 I will not be in attendance at SCYM. In the event of an illness or accident, attempts should be made to contact me at:

Parent name: _____ phone: _____

Address: _____

Statement of Medical Release. If reasonable attempts to contact me, as stated above, have been unsuccessful, I hereby give my consent for (1) my child to receive first aid on site; and/or (2) the transfer of my child to a the nearest hospital [Scott and White Hospital in Temple, Texas, tel. (254) 724-2111] on behalf of my child:

Child's name _____

Parent _____ date _____

Sponsor (if applicable) _____ date _____