

Ft. Yuma ADAPP- Summer Youth Program 2024

Parent Consent

Child's Name: _____ D.O.B. _____ Tribal Enrollment#: _____

Address: _____

Phone: _____ Work: _____

I give permission for _____ to participate in the Fort Yuma Alcohol & Drug Abuse Prevention Program (ADAPP) for Summer Youth Program 2024.

Please mark transportation options:

() Pick Up- Transportation/ Drop Off () Parent/Guardian Drop Off/ Pick Up

- *ADAPP will drop off child at place of residence.*
- *If a child is to be dropped off at a different location or picked up any other individual; a written consent must be submitted to ADAPP.*

ADAPP is not liable for any accidents/injuries that my child may encounter while participating in any activities.

Medical Waiver: I give permission for the Fort Yuma ADAPP staff to provide medical treatment necessary for my child while he/she is participating in any activities. I understand that ADAPP cannot guarantee that my child will not be exposed to the COVID-19 virus and therefore by signing, I acknowledge that the Summer Youth Program 2024 is voluntary, and I will not hold Ft. Yuma ADAPP responsible in the event my child has been exposed to COVID-19.

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____

Parent/Guardian (*Print Name*)

Parent/Guardian (*Signature*)

Date

If you have any questions, please call (760) 572-4838 to speak with:

- Coleen Jefferson- P.S.S./MRT- Email: preventionspecialist@quechantribe.com

