

# ***Ft. Yuma ADAPP- Summer Youth Program 2023***

## **Parent Consent**

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Tribal Enrollment#: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Work: \_\_\_\_\_

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I give permission for \_\_\_\_\_ to participate in the Fort Yuma Alcohol & Drug Abuse Prevention Program (ADAPP) for Summer Youth Program 2023.

***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 child is to be dropped off at a different location or picked up any other individual; a written consent must be submitted to ADAPP.*

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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 2023 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*)

\_\_\_\_\_  
Date

\_\_\_\_\_  
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](mailto:preventionspecialist@quechantribe.com)
- Tomas Jefferson- P.S.S./MRT- Email: [preventionrecovery@quechantribe.com](mailto:preventionrecovery@quechantribe.com)