

**Northern Lights SADD
Parent Permission/Health Form**

I, the parent/guardian of _____ allow him/her to be involved in the **Northern Lights State SADD conference March 21-23, 2010**. I understand that all reasonable safety precautions will be taken at all times by Northern Lights Youth Services (NLYS) staff and volunteers. I understand the possibility of unforeseen hazards and the inherent possible risks.

1. Are you aware of any physical or emotional disabilities that will affect you during this event? If yes, please explain:

2. List any recent illness:

3. Are you presently using any prescribed medications?

4. Allergies, if any:

I authorize treatment by licensed medical personnel deemed necessary for my child in the event of a medical or dental emergency. In consideration of the minor's participation in the State SADD conference, I/we agree to release, indemnify and hold harmless NLYS, its employees and agents, contracted or otherwise from any liability for injury, disease or damages from said participation.

Parent/Guardian Name _____
Address _____
City _____ State _____ Zip _____
Work Phone # _____
Home Phone # _____
Health Insurance Co. _____
Policy Number _____
Parent/Guardian Signature _____ Date _____