|  |  |  |
| --- | --- | --- |
|  | **CONSENT FOR OYA YOUTH TO PARTICIPATE IN RECREATIONAL ACTIVITY** | State of Oregon OREGON YOUTH AUTHORITY |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Permission is hereby granted for: | |  | | |  |  |
|  | | (Name of Youth) | | |  | (JJIS #) |
| to accompany |  | | for |  | | |
|  | (OYA Foster Parents or Residential Program) | |  | (Description of Activity) | | |

**PERIOD OF TIME:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Date of Departure: |  | Date of Return: |  |  |

**EMERGENCY CARE:**

|  |  |  |
| --- | --- | --- |
| In the event of an emergency, |  | has my permission |

to authorize emergency care or treatment during the above period of time if I am not available.

**SPECIAL MEDICAL NEEDS / PROBLEMS:**

Allergies  Heart Disease  Diabetes

Drug Reactions  Insect Bites  \*\*\* see attached Information Sheet

|  |  |
| --- | --- |
| Other (Specify): |  |

If any of the above items are checked, please explain:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Physician Name: | |  | | Telephone Number: |  | |
| Address: |  | | | | |
| Medical Insurance Co. | | |  | | |
| Address: |  | | | | |

**APPROVAL SECTION:**

The youth’s parent(s) have been contacted and agree with plan.

The youth’s parent(s) have been contacted and do not agree with plan.

The youth’s parent(s) are not available.

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Juvenile Parole/Probation Officer Signature |  | Date |
|  |  |  |  |
|  | Parent/Guardian Signature (if available) |  | Date |