



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.

Parole/Probation Officer Signature Date

Parent/Guardian Signature (if available) Date