|  |  |  |
| --- | --- | --- |
|  | **CONSENT FOR OYA YOUTH TO PARTICIPATE IN RECREATIONAL ACTIVITY** | State of OregonOREGON 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 |