

Permission Form Waiver

I _____, the parent or legal guardian of _____ (“my child”), give permission for my child to participate in the Peer Assistance Leadership program being implemented by Nevada Community Prevention Coalition Inc.

I understand that personal injury can and may occur to my child, and I hereby authorize the Staff of Nevada Community Prevention Coalition Inc., or another appointed youth advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

I hereby release Nevada Community Prevention Coalition Inc., its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.

The following is all of the insurance information, restrictions, allergy and medication information necessary for my child to receive appropriate medical care.

Known drug allergies or medical conditions:

Current health insurance provider, primary care physician name and phone number:

I give permission for my child to ride in any vehicle designated by Nevada Community Prevention Coalition, its employees and adult volunteers, while participating in and traveling to and from events.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of Nevada Community Prevention Coalition, properties visited on outing, other’s personal property, or vehicles used for transportation.

I agree and consent to all of the above stated.



_____ (parent or guardian signature) _____ (date)

_____ (parent or guardian printed name and phone number)

_____ (emergency contact printed name and phone number)