



**T.R.A.P.P. OUT Youth Community Center
3029 MLK Ave SE
Washington DC 20032**

YOUTH CONSENT FORM

Name of youth _____ Birth date _____

Name of parent(s) or guardian _____

Address _____

Home telephone _____ Cell telephone _____

Emergency Contact Name/Number _____

Name/Number of Primary Care Doctor _____

Youth Insurance Number _____ Social Security# _____

Medical Information

Is your youth currently being treated for an injury or sickness or taking any medications?

If yes, please explain _____

Does your youth have, or has your youth ever had any of the following?

(Please Circle all that apply) Asthma, Diabetes, Hay Fever, Heart Murmur, Kidney Disease or Seizure Disorder

Medical Treatment Authorization

I understand that I will be notified in case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event that my youth is injured or becomes ill. I authorize one or more of the following person to make emergency medical care decisions on behalf of my youth if required by law or a health care provider.

Parent or Guardian Signature: _____ Date: _____

Consent and Certificate

I, the undersigned. Being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the schooled youth activities of The T.R.A.P.P. Out Center/Federal City and any other supervised activities customarily associated with its youth programs. I certify that my youth is physically fit and adequately prepared to participate in all recreational events. If I wish to revoke this consent for any reason, I will promptly notify the director in writing.

Parent or Guardian Signature: _____ Date: _____



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Youth Pledge

I hereby pledge to uphold all policies of the **T.R.A.P.P. Out Center**. During all youth activities and all youth, trips, I pledge to follow all instructions of the director, youth leader and adults including safety instructions.

Youth Signature: _____ Date: _____