

Youth Advocacy Summit 2024 PARENT FORM

Youth Health Statement, Parent Consent & Event Acceptance Form

This form is for a Youth Advocacy Summit on October 16-17, 2024, sponsored by Missouri AfterSchool Network, and supported by your child's afterschool program. We thank you and are excited for your youth to participate in this program! Your child will stay overnight at the Capitol Plaza Hotel in Jefferson City for an advocacy and leadership training, capitol tour and more. At least one staff member from your child's afterschool program will also be there. There is no registration fee and Missouri AfterSchool Network will cover the cost of food and hotel.

The information you provide in this form will help us provide for the health and safety of your child. Please complete the entire form. Your youth will fill out a separate form. Thank you!

Parent/Guardian information (your information)

- Name _____
- Address _____
- City _____
- Postal code _____
- Best phone number DAYTIME _____
- Best phone number EVENING _____

YOUTH information

- Name _____
 - Gender _____
 - Birth date _____
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In case of emergency...

Person #1: Who should we call first? _____

Person #1: What phone number should we call first? _____

Person #2: Who should we call second if we can't reach person #1? _____

Person #2: What phone number should we call for Person #2? _____

In order to participate, your child must be in grade 7-12.

What grade level is your child? _____

In order to participate, your child must also regularly attend an afterschool program. What is the name of the afterschool program your child attends?

Does your child have health insurance?

Yes

No

Insurance information

Insurance company name _____

Insurance company phone number (if you know it) _____

Will your child be bringing any medication to this event?

Yes

No

Please specify anything about your child's medications that we should know for his/her safety.

Does your child have any allergies?

Yes

No

Please explain any allergies your child has that we should be aware of?

Does your child have any special dietary needs?

Yes

No

Please list any special dietary needs your child has that we should know about.

If your child has any other special needs (physical, mental, emotional) that we should know about to safeguard his/her well-being, please describe here.

In case of a medical emergency

If necessary, I approve of officials taking my child to the nearest doctor or hospital. I further understand that I will be notified if a health problem occurs. If I cannot be reached by phone, and my child needs urgent medical attention based on the judgement of a competent medical professional, that treatment will be administered. If you agree to these terms, please signify by typing your name into the box below:

Event Acceptance

Education events and activities are coordinated by the Missouri AfterSchool Network at the University of Missouri. All participants must observe the following guidelines for conduct:

- Participate fully in all sessions.
- Respect oneself, other participants and staff.
- Follow the rules of the facilities where the event takes place.
- Use no alcohol, or drugs (with the exception of over-the-counter medication or medication prescribed to the person in question).

I understand that my child must follow the guidelines above and that failure to do so will result in dismissal from the event or activity. Further, I accept financial responsibility for damages to property or materials, travel costs and/or program costs that might result from violation of this agreement. I understand and agree that in consideration of the acceptance in these activities, we release Missouri AfterSchool Network, the Curators of the University of Missouri, their respective officers, agents and/or employees from all liability and loss (including court costs and attorney fees) resulting from any property damage, personal injury and bodily injury including death in the course of these events. We will be bound by all rules and regulations while participating in said events. If you agree to these terms, please sign below:

Your signature _____

Child photo Authorization

I authorize the University of Missouri to make pictures and sound recordings of my child/children and use the same in any form for its purposes and consent that the pictures and recordings may be copied, published, telecast or broadcast for such purposes together with descriptions and editorial statements. The University of Missouri is not responsible for third party photographs. If you agree, please signify by checking the box below:

I agree

I do not agree

If you do not want your child to be in photos, please instruct them to not pose in group photos.

I understand

There will be a virtual informational session that parents can attend the week prior to the summit.

Following the summit, we encourage your child to continue to participate on our Voice of the Youth zoom meetings, every other week. Voice of the Youth is an opportunity for youth to stay connected with other youth from the summit, and to continue to work on projects that will develop leadership and advocacy skills.

We would like to be able to contact your child directly by phone or email for information about meeting times and topics. If that is acceptable to you, please indicate below.

I agree

I do not agree

Thank you for filling out this form! We are excited to work together with your child and staff members from their afterschool program. If you have additional questions about the event, please contact Missouri Afterschool Network Associate Director of Policy Natalie Hampton at hamptonn@missouri.edu or 573-882-6332.

Please return to afterschool program staff or scan and send to hamptonn@missouri.edu.