



**MCCS YOUTH / TEEN  
PARENT PERMISSION FORM**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_,  
*Parent or legal guardian's name* *Youth or Teen's name*

give my consent for my child to participate in MCCS Youth Activities:

\_\_\_\_\_ on \_\_\_\_\_  
*Name of Event* *Date of Event*

Should emergency medical treatment be deemed necessary by Youth / Teen Activities personnel at any time during my family member's participation in this program, I hereby grant consent to apply the following medical treatment to my family member (child): any examination, anesthetic, medical or surgical diagnosis and/or treatment, and/or hospital care which is advised by and rendered under the general or special supervision of any duly licensed physician or surgeon. This consent is given in advance of any specific diagnosis.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
*Parent or legal guardian*



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*Parent or legal guardian*