



**A. YOUTH LEADERSHIP CONFERENCE (YLC) (PLEASE PRINT)**

1. YLC Mailing Address: \_\_\_\_\_  
(PRINT FULL MAILING ADDRESS)

\_\_\_\_\_  
(PRINT THE FULL REGION, DEPARTMENT, STATE OR CHAPTER MAILING ADDRESS, APPLICABLE)

2. Date: \_\_\_\_\_  
(PRINT THE ORGANIZATION'S EMPLOYEE IDENTIFICATION NUMBER - EIN)

**B. PARENTAL AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR (PLEASE PRINT)**

1. We, or I, the undersigned, being the natural custodial parent(s) and/or the designated legal guardian(s) of:  
 \_\_\_\_\_  
(PRINT THE FULL NAME, AGE AND DATE OF BIRTH (MONTH / DAY / YEAR))

authorize his/her attendance at MOWW YLC: \_\_\_\_\_  
(PRINT THE NAME OF THE YOUTH LEADERSHIP SCHOOL)

from \_\_\_\_\_ to \_\_\_\_\_ hosted by the \_\_\_\_\_ Chapter.  
(DATE) (DATE) (NAME OF CHAPTER)

2. The designated sponsor and will provide expenses for the student's transportation, tuition, room and board.

**C. AUTHORIZATION & RELEASE**

The undersigned hereby release and contract to hold harmless the MOWW, and the Youth Leadership Conference and MOWW Chapter cited above from any and all liability and/or responsibility for the student's welfare, well-being, and control for the period of the conference—including the day of departure if the chapter provides transportation through the day of return.

**D. PARENTAL AUTHORIZATION OF CONSENT TO TREATMENT OF A MINOR (PLEASE PRINT)**

STUDENT MEDICAL CONTACT INFORMATION	
<b>Health Insurance Company</b>	<b>Family Physician</b>
<b>Insurance Policy Number</b>	<b>Physician's Phone Number</b>

1. We, or I, the undersigned, being the natural custodial parent(s) or the designated legal guardian(s) of the student named above, do hereby authorized the Director of the YLC cited above or his/her designated staff member, as agent for the undersigned, to consent to any x-ray, examination, surgical diagnosis, treatment and hospital care which is deemed advisable by, and which is under the general or specific supervision of, any physician or surgeon licensed under the Medical Practice Act.
2. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent to provide care, which the aforementioned physician, in the exercise of his/her best judgment, may deem advisable. This authorization will be in effect for the duration of the conference unless sooner revoked in writing and delivered to the Director of the YLC cited above.



**E. MEDICAL HISTORY** (PLEASE PRINT)

1. Date of last complete physical examination: \_\_\_\_\_

2. Has it ever been necessary to restrict the student's physical activities for medical reasons? If yes, explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Is the student now under medical care or regularly taking any medication? If yes, explain and list all medications.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Has there been any significant surgery, injury, illness or change in the student's health status since last physical? If yes, explain.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STUDENT IMMUNIZATIONS	
<b>Tetanus</b>	<b>Diphtheria</b>
Date	Date
<b>Polio</b>	<b>Measles</b>
Date	Date
<b>Influenza</b>	<b>Pertussis</b>
Date	Date
<b>Other:</b> _____	<b>Other:</b> _____
Date	Date





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*FULL NAME OF DESIGNATED YLC DIRECTOR*

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*ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)*

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*AREA CODE & TELEPHONE NUMBER*

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*EMAIL*

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*SIGNATURE OF DESIGNATED YLC DIRECTOR*

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*DATE (MONTH / DAY / YEAR)***F. NOTARY PUBLIC** *(PLEASE PRINT)*State of: \_\_\_\_\_ County of: \_\_\_\_\_  
*NAME NAME*

On this \_\_\_\_\_ day of \_\_\_\_\_ (year), before me the undersigned Notary Public, personally appeared \_\_\_\_\_, known to me to be the person(s) whose name(s) is/are subscribed to the foregoing document and acknowledge that he or she executed the same for the purposes therein contained.

Witness my hand and official seal: \_\_\_\_\_

My commission expires: \_\_\_\_\_

**G. YLC DIRECTOR APPROVAL** *(PLEASE PRINT)*Approved by MOWW Chapter: \_\_\_\_\_  
*NAME OF CHAPTER*

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*(SIGNATURE OF DESIGNATED YLC DIRECTOR)*

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*TITLE*

---

*DATE (MONTH / DAY / YEAR)*

---

*FULL NAME*

---

*ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)*

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*AREA CODE & TELEPHONE NUMBER*

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*EMAIL*