

Once completed please fax to 518-477-1335 by 03/12/2010

2010 PUERTO RICAN/HISPANIC YOUTH LEADERSHIP (PR/HYLI)  
PARENTAL CONSENT FORM/ CERTIFICACIÓN DE PERMISO PATERNAL

|                            |                            |
|----------------------------|----------------------------|
| 1. PARENT NAME:            |                            |
| PARENT WORK PHONE: ( )     | PARENT CELL PHONE: ( )     |
| 2. EMERGENCY CONTACT NAME: |                            |
| EMERGENCY HOME PHONE: ( )  | EMERGENCY CELL PHONE : ( ) |
| 3. SCHOOL NAME:            | SCHOOL PHONE: ( )          |

This is to certify that we the undersigned parents/guardians of \_\_\_\_\_  
NAME OF STUDENT

in consideration for the benefits to be derived by our son/daughter at the PR/HYLI, do certify that he/she may participate in any normal and routine educational or recreational programs of the PR/HYLI, hereby release and discard the New York State Education Department, \_\_\_\_\_, their officers, agents, instructors, and employees from any and all illness, injury or accident occurred in or suffered by said son/daughter while traveling to, attendance at or participation in the PR/HYLI from the time of his/her departure from home until his/her return hereto.

This will further certify that we, the undersigned parents/guardians, hereby consent and grant permission should the necessity arise, to the furnishing of medical treatment and hospital services as ordered or recommended by a qualified physician, including the administration of an anesthetic, laboratory procedures, medical or surgical treatment, x-ray examination, or other hospital services. Consent is hereby granted to the attending physician(s), hospital(s), and/or clinics to release necessary information to our local doctors and for use in claims for insurance coverage.

I also understand that my child will be required to attend a series of training sessions that will take place on \_\_\_\_\_ (Provide local training dates). In addition, I understand that my child will be leaving for Albany on \_\_\_\_\_ at \_\_\_\_\_ and returning at approximately \_\_\_\_\_ on Monday, April 19, 2010. The adult chaperones will remain with him/her for ONLY one hour after arrival. I will make the necessary arrangements to be on time.

Please list any medical conditions/medications/dietary needs. \_\_\_\_\_

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| <i>Parent's Signature/Firma del padre o de la madre:</i> | <i>Date/Fecha</i> |
|--|-------------------|

Por este medio se certifica que los padres/guardianes de \_\_\_\_\_  
NOMBRE DEL ESTUDIANTE

que aquí firman en consideración de los beneficios que recibirá nuestro hijo/hija en el PR/HYLI, certificamos que él/ella puede participar en cualquier rutina educativa y recreativa del programa. Por lo tanto, comprendemos que el Departamento de Educación, \_\_\_\_\_, sus oficiales, agentes, instructores y empleados no son legalmente responsables de cualquier enfermedad o accidente causado o sufrido por mi hijo/hija mientras viaje, asista, o participe en el programa PR/HYLI desde el momento de partida hasta su regreso.

Además, esto certifica que damos permiso, en caso de emergencia, para que se le administre ayuda médica o servicios clínicos según sea recomendado u ordenado por un médico acreditado, incluso la administración de anestesia, exámenes de laboratorio, tratamiento médico o quirúrgico, exámenes de rayos x, y otros servicios médicos. Se da aquí autorización al médico, hospital, y/o a la clínica para obtener y proporcionar la información médica necesaria para completar formularios de seguros.

Además, comprendo que mi hijo/hija deberá asistir a una serie de talleres de entrenamiento que se llevarán a cabo durante los días \_\_\_\_\_. Además entiendo que la partida para Albany será 8:00 a.m. y que mi hijo/hija estará de regreso el lunes, Abril 19 del 2010 \_\_\_\_\_ a las \_\_\_\_\_ p.m. aproximadamente. Los chaperones esperarán con él/ella SOLAMENTE durante una hora. Haré los arreglos necesarios para estar allí a tiempo. Por favor mencione cualquier condición física, medicamentos o necesidades dietéticas de su hijo/hija. \_\_\_\_\_

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| <i>Principal's Signature:</i> | <i>Date:</i> |
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**THIS FORM MUST BE SIGNED BY PARENT AS WELL AS PRINCIPAL.**