



Angelo Del Toro

PUERTO RICAN/HISPANIC YOUTH LEADERSHIP INSTITUTE

PARENTAL/MEDICAL CONSENT FORM

THIS IS TO CERTIFY THAT I/WE UNDERSIGNED PARENT/GUARDIAN OF:	

NAME OF STUDENT	

1. PARENT/GUARDIAN NAME:	PARENT/GUARDIAN PHONE:
	CELL
	HOME
	WORK
2. ADDRESS:	

3. EMERGENCY CONTACT NAME:	

EMERGENCY HOME PHONE:	

3. PLEASE LIST ANY MEDICAL CONDITIONS/MEDICATIONS/DIETARY NEEDS/ALLERGIES OF THE STUDENT:	

In consideration of the benefits to be derived by our son's/daughter's participation at the 2020 PR/HYLI to take place from March 7, 2019 to March 9, 2020. We do certify that he/she may participate in any normal and routine educational or recreational programs of the PR/HYLI program, hereby release and discard Questar III, 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 program from the time of his/her departure from home until his/her return here to.

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.

Parent's/Guardian's Signature:	Date
_____	_____

