

Young Women's Leadership Program 2010

Parent Permission Form and Media Release

PLEASE PRINT CLEARLY

I give permission for my daughter, _____ to attend The Jenna Druck Foundation's Young Women's Leadership Program. I understand I am responsible for arranging transportation to and from Marina Village San Diego. The Jenna Druck Foundation has permission to take photographs/video of my daughter to be used in Foundation publicity.

Parent/Legal Guardian Signature				Date
Leadership Workshop # 1	February 6, 2010	\$10.00	Initials	_____
Girl Talk # 1	February 24, 2010	\$5.00	Initials	_____
High School Conference	March 27, 2010	\$25.00	Initials	_____
Girl Talk # 2	April 28, 2010	\$5.00	Initials	_____
Leadership Workshop # 2	May 22, 2010	\$10.00	Initials	_____
Girl Talk # 3	June 23, 2010	\$5.00	Initials	_____
Middle School Conference	July 17, 2010	\$25.00	Initials	_____
Girl Talk # 4	August 25, 2010	\$5.00	Initials	_____
Leadership Workshop # 3	September 25, 2010	\$10.00	Initials	_____
Girl Talk # 5	October 27, 2010	\$5.00	Initials	_____
Leadership Workshop # 4	November 20, 2010	\$15.00	Initials	_____

Emergency Medical Release Form
(Please make sure the form is complete and legible)

In the event of an emergency, I, _____, give my permission

Print Parent/Legal Guardian Name

for an adult member of the JDF team to take my child to a medical facility, if necessary. In case of emergency, if no contact can be made to the individual listed below, I consent to treatment for my daughter under the supervision of and as deemed advisable by a physician licensed under the Medicine Practice Act. This provides authority pursuant to Section 25.8 of the California Civil code.

Parent/Legal Guardian Signature				Date
Emergency Contact: _____	()	()		
Name	Home Phone	Cell Phone		
Address: _____				
Street	City	Zip		
Phone: _____				
Home	Cell	Work		

If I can not be reached, please notify:

Name	Phone	Relationship
Name of Doctor: _____	Hospital: _____	
Doctors Office Phone Number: () _____	Emergency #: () _____	
Insurance Company: _____	Medical Record #: _____	
Special Dietary Needs: Vegetarian _____	Other (Please Explain): _____	
Special Needs: _____		