



TEEN LIFE CLUBS PARENT/GUARDIAN CONSENT FORM

Teen's Name: _____ Teen's Date of Birth: _____

Social Security #: _____ (needed for teen to receive stipend)

I, (parent/guardian) _____, hereby give permission to Children's

Please print parent's full name clearly

National Medical Center for my child _____ to participate in the Teen Life Clubs

Please print teen's name clearly

(TLC), sponsored by the Division of Adolescent and Young Adult Medicine. This will involve weekly sessions from October to June as well as monthly enrichment activities, coordinated by staff and volunteers. By signing this permission form, I grant authority to any adult accompanying my child to authorize any emergency treatment or medical intervention by qualified personnel, who may be required to protect the health of my child. I also agree that the members of Children's National Medical Center and its affiliates will not be financially responsible for any medical treatment rendered on my child's behalf. I expressly release the employees from any liability arising in any way from my child's participation in this volunteer site visit unless all permission is given and this form may not be altered with respect thereto. By signing below I also represent that I am authorized to give my permission for the above-named child.

Signature of Parent or Guardian

Date

If typing this form, you must still print and sign as the parent/guardian before submitting the form.

Home Phone: _____

Cell Phone: _____

Work Phone: _____

Alternate Phone: _____

Email Address: _____

Please retype/print your Email Address: _____

Address: _____ Zip code: _____

Emergency Contact Person (someone other than parent/guardian): _____

Name/Relationship

Emergency Phone Number(s): _____

Doctor's Name: _____

Doctor's Phone Number: _____

Medical Insurance Plan: _____

Policy #: _____

Does your child have any medical conditions or food allergies that we need to know about (including learning disabilities)? If so, please list all conditions and/or allergies: _____

Yes, my teen is a patient at Children's National Medical Center or one of its clinics.

Yes, I give my permission for Teen Life Clubs staff to obtain a copy of my teen's recent PPD results from their medical record at Children's National Medical Center.

Yes, I would like for the Teen Life Clubs to write a school dismissal letter to allow my teen to leave school early to attend the weekly club meetings. My teen's school is: _____

School Address: _____ Teacher/Counselor: _____

Please check the site of your choice for you teen to participate in:

Children's National

THE ARC

COMP Clinic

R Street Apartments (residents only)

Galen Terrace Apartments (residents only)

If you have any questions or concerns, please call Maranda Ward, Program Manager, at 202-476-5449.

Return forms via email to sware@cnmc.org, fax at 202-476-3711, or mail to Children's National Medical Center Attn: Sheena Ware, 111 Michigan Avenue, NW Washington, DC 20010