

NATIONAL JUNIOR AMERICAN CARPATHO-RUSSIAN YOUTH

JUNIOR YOUTH ORGANIZATION OF THE AMERICAN CARPATHO-RUSSIAN
ORTHODOX GREEK CATHOLIC CHURCH

PARENTAL CONSENT FORM

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Part I: To Grant Consent:

IN THE EVENT REASONABLE ATTEMPTS TO CONTACT ME AT () _____ OR
() _____ (PHONE NUMBERS) OR _____ (NAME OF RELATIVE OR OTHER
PERSON TO CONTACT) AT () _____ HAVE BEEN UNSUCCESSFUL, I HEREBY GIVE
MY CONSENT FOR THE ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY
THE ATTENDING PHYSICIAN AND/OR DENTIST.

NOTE: This authorization does not cover major medical surgery unless the medical
options of two (2) licensed physicians or dentists, concurring in the necessity for
such surgery, and are obtained prior to performance of such surgery. Facts
concerning the child's medical history including allergies, medications being taken, and
any physical impairments to which a physician should be alerted to:

Date: ____/____/____ Signature: _____

Insurance Company and Number: _____

Part II: Refusal to Consent (DO NOT COMPLETE IF YOU COMPLETE PART I)

I DO NOT GIVE PERMISSION FOR EMERGENCY TREATMENT OF MY CHILD IN THE
EVENT OF ILLNESS OR INJURY REQUIRING MEDICAL TREATMENT. I WISH THE
AUTHORITIES TO TAKE NO ACTION AND TO:

Date: ____/____/____ Signature: _____

**THIS MUST BE RETURNED TO THE NATIONAL JR. ACRY SR. ADVISOR OR THE
CHILD WILL NOT BE PERMITTED TO PARTICIPATE IN THE ABOVE FUNCTION.**