 

Dear Parent or Guardian:

We are writing to inform you of an exciting opportunity at your student’s school!

**Appalachian Youth to Youth** **(Y2Y)** is a youth-led and adult-guided leadership and empowerment program which aims to provide a space for students to build connections with each other, develop skills, and work together to create positive change in their schools and community. Youth to Youth students will develop skills which will serve them in their school career and beyond—all while having fun, forming meaningful friendships, and learning that they can make a direct impact on the issues which matter most to them!

Youth to Youth is a partnership between East Yancey Middle School and Partners Aligned Toward Health (PATH). Topics covered in Y2Y meetings include: leadership skills, making healthy choices, substance use prevention, mental health, community service, and more. **Participating students will enjoy a variety of activities, including fun games, art and theatre projects, educational workshops, field trips, and special guests.**

Some examples of projects and activities Youth to Youth students may get to lead include:

* Hosting a Youth to Youth in-school club meeting once per month and leading their peers in fun and informative activities.
* Designing their own rotating bulletin board display in the school.
* Reading morning announcements over the intercom during National Red Ribbon Week.
* Planning and hosting an interactive activity during a Title 1 Night.
* Community service and outreach at the local animal shelter, food bank, or elementary school.

Youth to Youth meets weekly after school on **Tuesdays from 3:10pm to 4:40pm**. Participating students will receive a healthy snack at each meeting and county transportation home is available to those students who need it. Students involved in athletics or after school activities may join throughout the year at any time, though we do encourage consistent participation whenever possible for the most benefit to your student. Funding for this program is made available through PATH, so this opportunity is **free of charge to all participants**!

If you have any questions or would like additional information, please email Tara Wright at tara@pathwnc.org. We are excited to offer this program to students in 6th through 8th grade and hope you’ll be able to take advantage of it. **Please have your student return their signed enrollment packet and consent forms to Mrs. Monica Robison of the school counseling department as soon as possible. Enrollment is limited to 12 students, on a first come first serve basis, with preference given to returning Youth to Youth participants.**

Sincerely,

Tara Wright, Youth Program Specialist, Partners Aligned Toward Health

Mr. William Byland, E.Y.M.S. Principal, Yancey County Schools

Schell McCall, Executive Director, Partners Aligned Toward Health

**Appalachian Youth to Youth (Y2Y)**

**East Yancey Middle School, Meeting Information and Schedule, Fall 2023**

Appalachian Youth to Youth meetings will take place weekly, with a few exceptions indicated on the Y2Y calendar, on **Tuesdays** from **3:10pm to 4:40pm**.

After school is dismissed, participants should come directly to the **Maker’s Space**, where they will be given the opportunity to settle in and enjoy a healthy snack before our meeting starts. Students who are not utilizing county transportation should be picked up from school at **4:40pm.**

On days when a student cannot attend Appalachian Youth to Youth after school, the student is asked to notify Tara Wright, the Y2Y Advisor, of their absence via the Remind App. **On days when school is not scheduled, canceled, or released early Y2Y will not meet**. Meeting schedule is subject to change, and all schedule changes will be communicated with advanced notice.

**Y2Y Fall 2023 Meeting Schedule, EYMS**

|  |  |
| --- | --- |
| Tuesday, September 19th | Y2Y Kick-off Meeting |
| Tuesday, September 26th | Y2Y Meeting |
| Tuesday, October 3rd | Y2Y Meeting |
| Tuesday, October 10th | Y2Y Meeting & Field Trip |
| Tuesday, October 17th | Y2Y Meeting |
| Tuesday, October 24th | Y2Y Meeting |
| Tuesday, October 31st | Y2Y Meeting |
| Tuesday, November 7th | Y2Y Meeting & Field Trip |
| Tuesday, November 14th | Y2Y Meeting |
| Tuesday, November 21st | \*Y2Y will NOT meet\* |
| Tuesday, November 28th | Y2Y Meeting |
| Tuesday, December 5th | Y2Y Meeting |
| Tuesday, December 12th | Y2Y Meeting and Celebration |



**Youth Agreement**

**Consent & Release of Liability Waiver   
Appalachian Youth to Youth**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (student) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (parent/guardian), agree to the following terms and conditions for involvement in Appalachian Youth to Youth and extend my consent, release of liability, waiver of right to sue and assumption of all risks under the following terms:

1. **Consent.** I, and my parent/guardian consent to my participation in Appalachian Youth to Youth under the terms of this Agreement. I will follow any instructions provided by the Appalachian Youth to Youth Advisor or Partners Aligned Toward Health (PATH) staff.
2. **Youth Agreement.** I, and my parent/guardian, agree to the following terms of participation in Appalachian Youth to Youth:
   1. I will refrain from behavior that harasses, intimidates, or bullies others, both in person or through electronics, including phone calls, texting, social media, and email.
   2. I will follow school policy on avoiding behaviors that are considered offensive touching, sexual harassment, and indecent exposure.
   3. I will not wear clothing as outlined in school policies that have offensive graphics, language, or images.
   4. I will respect other participants and Appalachian Youth to Youth leaders through using appropriate language, including electronic forms of communication.
   5. I will respect Yancey County School property, Yancey County Transportation property, Appalachian Youth to Youth property, and the property of any site visited as a group.
   6. I will follow all Yancey County Transportation passenger conduct policies and act respectfully toward the driver and all other passengers.
   7. I will listen and follow the directions of the Youth to Youth advisor and school club sponsor.

Participants who violate one or more of these agreements will be subject to consequences including verbal and written warnings, loss of special privileges like field trips, notice given to parent/guardian and the school principal, and temporary or permanent removal from Appalachian Youth to Youth.

1. **Student Communication Permission.** I, the parent/guardian, understand how important regular and clear communication is and therefore grant permission to Appalachian Youth to Youth, a program of Partners Aligned Toward Health, to use the **Remind App** as the primary form of direct communication with **my student** as well as **student email** and **public social media posts** as other forms of electronic communication when appropriate. I understand it is my responsibility to contact Tara Wright if these methods of communication do not work for me.
2. **Parent and Guardian Communication.**  I, the parent/guardian, understand how important regular and clear communication is and therefore grant permission to Appalachian Youth to Youth, a program of Partners Aligned Toward Health, to use the **Remind App** as the primary form of direct communication with **me** as well as **email** and **public social media posts** as other forms of electronic communication when appropriate. I understand it is my responsibility to contact Tara Wright if these methods of communication do not work for me.

**In case of emergency**, Appalachian Youth to Youth staff will use all reasonable methods of communication to contact the parent or legal guardian or listed emergency contact regardless of methods listed above.

1. **Release Waiver**. I, on behalf of myself, my heirs, personal representatives, successors and assigns release, waive and discharge Partners Aligned Toward Health (parent organization to Appalachian Youth to Youth), the Yancey County School System, and their employees, officers, directors, successors and assigns from all claims or liability of any kind or nature that may directly or indirectly result in personal injury, illness, death or property damage, however caused while I am participating in Appalachian Youth to Youth meetings/field trips/activities. I, on behalf of myself, my heirs, personal representatives, successors, and assigns agree not to commence litigation, seek arbitration or make a Claim against the Released Parties.

Because I am under the age of 18, my parent or legal guardian, by signing below, also consents to my release and he/she agrees that this release shall be binding upon him/her as my parent or legal guardian as to me, my heirs, personal representatives, successors and assigns. My parent or guardian also promises, by signing below to defend, indemnify and hold Partners Aligned Toward Health and Yancey County Schools harmless from any claim asserted by me against Partners Aligned Toward Health and Yancey County Schools, including their employees, officers, directors, successors and assigns, if I should repudiate this release after obtaining adulthood.

1. **Assumption of Risk.** I, and my parent/guardian understand that participation in Appalachian Youth to Youth may include activities that could cause harm to me, including physical activities such as walking, hiking, and physically active games; carrying/moving materials needed for activities; field trips; and traveling in buses or vans. I and my parent/guardian recognize that there are inherent risks associated with those activities and I expressly assume all risks and dangers of personal injury, death, illness, and property damages which could occur as a result of my participation in Appalachian Youth to Youth. In the event of an emergency where I, the parent/guardian, cannot be reached I give my permission for the adult staff of Appalachian Youth to Youth to act on my behalf in requesting emergency medical care for my child.
2. **Photographic Consent and Release**. Unless the Opt Out section is selected below, my parent/guardian and I consent to Partners Aligned Toward Health (PATH) (parent organization to Appalachian Youth to Youth) taking and using photographs, images, video, or audio recordings of me in connection with my participation in activities with Appalachian Youth to Youth. My parent/guardian and I give PATH all right, title, and interests in any and all photographs, images, videos, or audio recordings of me in connection with my participation in Appalachian Youth to Youth including any royalties, proceeds, or other benefits that could be derived from such photographs or recordings. My parent/guardian and I also grant permission for the use of my picture for promotional or publicity purposes, and consent that it may be published in electronic communications, mass media publications, on the Partners Aligned Toward Health web/internet sites or shown in video, television, or movie presentations broadcast, telecast or written account of PATH programs and services.

Students in Youth to Youth may have opportunities to be featured in the local newspaper, the local radio station, Partners Aligned Toward Health e-newsletters, the Appalachian Youth to Youth website, Appalachian Youth to Youth social media channels, and other outlets in connection with Youth to Youth projects.

Please select an option and add your signature below:

**Photographic Consent.** I, the parent/guardian, consent to Partners Aligned Toward Health (PATH) (parent organization to Appalachian Youth to Youth) taking and using photographs, images, video, or audio recordings of my student in connection with their participation in activities with Appalachian Youth to Youth.

**Photographic Opt Out.** I, the parent/guardian, request that my student’s likeness or voice **NOT** be captured in photographs, images, video, or audio recordings of my student in activities with Appalachian Youth to Youth.

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. **Other.** I agree that the provisions in this Agreement are intended to be as broad and inclusive as permitted by the laws of the State of North Carolina and that this Agreement shall be governed by and interpreted in accordance with the laws of the State of North Carolina. I agree that in the event that any clause or provision of this Agreement shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Agreement which shall continue to be enforceable.

**Consent & Release of Liability Waiver   
Appalachian Youth to Youth**

**YOUTH PARTICIPANT:**

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT OR LEGAL GUARDIAN:**

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT AND OTHER INFORMATION**

**Please download the Remind App promptly to receive important communications about Appalachian Youth to Youth meetings. This will be our PRIMARY form of communication with both parents and students.** Please contact the Appalachian Youth to Youth Advisor if other communication accommodations are needed.

To join the Remind Group, search for the class name “East Yancey Youth to Youth” and enter the class code “eastyancey”. I will also send an invitation to the Remind group with the phone number you provide.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Grade Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone number (for Remind App): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone number (for Remind App): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** Please provide one parent/guardian emergency contact and one non-parent/guardian emergency contact.

1. Name and Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Name and Relationship to Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your student have any food/medication allergies or dietary restrictions?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your student have any medical conditions that will impact their participation in physical activities such as games, hiking, or light aerobic exercise?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your student carry emergency medications, such as an epi pen, inhaler, insulin, or glucose tablets?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anything else you’d like us to know about your student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please feel free to reach out with any questions. Thank you!

Tara Wright, Youth to Youth advisor, [Tara@pathwnc.org](mailto:Tara@pathwnc.org) (828)-338-9937

**YOUTH PROGRAM TRANSPORTATION POLICY**

With the hope of making our program available to all students who wish to participate, Partners Aligned Toward Health, parent organization of Appalachian Youth to Youth, has generously arranged for **FREE** **transportation home through Yancey county transportation services**. Transportation will be available for all Youth to Youth after-school meetings and field trips, with the exception of any weekend field trips, for which transportation to and from your student’s school may be required.

Since Yancey County Transportation will be used for after-school field trips, **every Youth to Youth participant MUST fill out this form and a Yancey County Transportation form** (included in this packet), regardless of whether you intend to use county transportation on regular meeting days.

**Transportation Arrangements for Regular Meeting Days:**

At the start of each Youth to Youth meeting, the Youth Advisor will confirm with each student their transportation needs for that day and make arrangements with Yancey County Transportation personnel accordingly.

Please check the appropriate box below regarding your student’s primary method of transportation home from Youth to Youth meetings:

My student will routinely require Yancey County transportation home afterYouth to Youth meetings.

My student will routinely be picked up from their school by a parent or guardian after Youth to Youth meetings.

Should there be a change in transportation arrangements, **parents and/or guardians must notify the Youth Advisor of their student’s transportation needs via the Remind App *no later than 3pm*** on meeting days, so that timely arrangements may be made with Yancey County Transportation. If there is no communication between the parent/guardian and the Youth Advisor by 3:00pm, students will be sent home via the default method indicated on this this form.

Please read and sign the following statement:

I have carefully read the Youth Program Transportation Policy and understand that I am responsible for communicating with the Youth Advisor via the Remind App regarding any transportation needs or changes.

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**YANCEY COUNTY TRANSPORTATION AUTHORITY- PASSENGER EMERGENCY INFORMATION**

(CONFIDENTIAL WHEN FILLED IN)

NAME OF PASSENGER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTH DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MOTHER’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LEGAL GUARDIAN’S NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PERSONS (MUST BE AN ADULT) AUTHORIZED TO RECEIVE PASSENGER:

NAME ADDRESS RELATIONSHIP TELEPHONE

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INFORMATION AND PERMISSION FOR EMERGENCY CARE

NAME OF DOCTOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOSPITAL PREFERENCE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MEDICAL CONDITIONS/ MEDICATIONS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF MEDICAL CARE BECOMES NECESSARY, I GIVE PERMISSION FOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO RECEIVE THE EMERGENCY TREATMENT THE PHYSICIAN DEEMS NECESSARY.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PARENT/ GUARDUAN DATE

MEMO TO: DIRECTOR, YCTA SUBJECT: AGENCY CERTIFICATION

I CERTIFY THAT THE ABOVE INFORMATION WAS PROVIDED BY THE PARENT/GUARDIAN OF THE PASSENGER NAMED ABOVE AND I HEREBY CERTIFY THIS PASSENGER IS ELIGIBLE FOR YCTA TRANSPORTATION.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF AGENCY RERESENTATIVE NAME OF AGENCY DATE