

66th ANNUAL NC NAACP STATE CONVENTION
BOLD DREAMS, BIG VICTORIES
October 8 – 10, 2009
Hickory, NC

YOUTH PERMISSION FORM

This form is to be completed for each individual youth attending the **66th Annual NAACP State Convention in Hickory, North Carolina.**

NAME _____ AGE _____ DOB _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE () _____

CONSENT:

I (We), the parent (s)/guardian (s) of the above-named child grant said minor permission to attend the **66th ANNUAL NC NAACP STATE CONVENTION** to be held in **Hickory, North Carolina**, my child will be staying at the _____ hotel.

I (We) further forever release, acquit, and discharge the NAACP, its agents, servants, or employees from any and all liabilities, claims and causes of action, which I/We may have by reason of said attendance.

While attending the convention, my child will be under the direct supervision of Mr./Ms./Mrs. _____ of the _____ Youth Council and, therefore, has the authority to act as parent or guardian for the duration of my child's stay at the convention.

Parent(s)/Guardian(s)

Signature _____ Date _____

Parent(s)/Guardian(s)

Signature _____ Date _____

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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

NOTE: Please prepare one form for each individual youth.

NAME _____ AGE _____ DOB _____ SEX _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE () _____

In case of emergency, contact: _____

Telephone () _____

HOTEL ASSIGNED _____

CONSENT:

I _____, the parent (s)/guardian (s) of the above-named child hereby give consent and approval for him/her to attend the **66th Annual NC NAACP STATE CONVENTION in Hickory, North Carolina**. We hereby authorize _____ to take emergency actions on behalf of my/our child in the event of accident or illness during the course of the convention.

Parent(s)/Guardian (s)

Signature _____ Date _____

Insurance Carrier _____

Identification Number _____ Group Number _____

Personal Physician _____

Telephone () _____

Please give us any additional information that would facilitate care in a health or medical emergency (i.e., special medications, physical disabilities, allergies, heart condition, seizures, etc.): _____
