



**JB Permission Form
 Children's International Summer Villages
 CISV Youngstown-Cleveland, Northeast Ohio Chapter
 For All Junior Branch Activities**

To whom it may Concern:

I, _____, the parent/legal guardian of
 (Print name of parent/legal guardian)

_____ the minor child at the local CISV program
 (Print name of Child)

_____ authorize adult chaperones of the
 (Print name of CISV Event/Program)

CISV Youngstown-Cleveland Northeast Ohio Chapter to consent to or arrange for medical care and/or hospitalization, and to determine and undertake such financial obligations as may be necessary in the event such services are required from _____ to _____ .
 (beginning date) (ending date)

I understand every effort will be made to contact me in the event my child should require medical attention of any kind.

I also understand it is my responsibility to inform the adult chaperones of any medical conditions and or any medication my child is taking that may influence or limit his/her participation in the above activity/program. A CISV participant is expected to conduct her/himself at all times in conformance with local laws and CISV rules. I also understand participants engaging in inappropriate behavior may be sent home before the end of the CISV event or program listed above.

As proof of my consent in granting temporary guardian powers and in acceptance of the conditions noted above,

I have signed this document on _____ . _____
 (date signed) (Signature of Parent/Legal Guardian)

Address: _____ City _____ Zip _____

Emergency Phone Numbers:

Home: _____ Work: _____
 Other: _____ (Relation to Child): _____
 Pager: _____ Cell Phone: _____

I give permission for CISV Youngstown-Cleveland Northeast Ohio Chapter to use and to publish my child's name, photograph, artwork, and written work and to use and publish video and audiotape of my child from this JB Activity. I understand that CISV Youngstown-Cleveland Chapter may use these photos, videotape, and other materials in the production of educational or promotional materials including web pages.

 (Print Name of Child)

 (Print Name of Parent)

 (Signature of Parent/Guardian)

NOTE A SEPERATE FORM IS NEEDED FOR EACH YOUTH.