

# ***Ft. Yuma ADAPP- Summer Youth Program 2025***

## **Parent Consent**

Child's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Tribal Enrollment#: \_\_\_\_\_

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_

I give permission for \_\_\_\_\_ to participate in the Fort Yuma Alcohol & Drug Abuse Prevention Program (ADAPP) for Summer Youth Program 2025.

**Please mark transportation options:**

( ) Pick Up- Transportation/ Drop Off ( ) Parent/Guardian Drop-Off/Pick Up

➤ ADAPP will drop off child at place of residence.

➤ If a child is to be dropped off at a different location or picked up any other individual; a written consent must be submitted to ADAPP.

ADAPP is not liable for any accidents/injuries that my child may encounter while participating in any activities.

*Medical Waiver: I give permission for the Fort Yuma ADAPP staff to provide medical treatment necessary such as calling 911 for medical emergencies and/ or provide First Aide to my child while he/she is participating in any activities.*

**Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Guardian (Print Name)

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date

**If you have any questions, please call (760) 572-4838 to speak with:**

- Coleen Jefferson- P.S.S./MRT- Email: [preventionspecialist@quechantribe.com](mailto:preventionspecialist@quechantribe.com)