

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