



QUECHAN INDIAN TRIBE

Ft. Yuma Indian Reservation

Ft. Yuma Alcohol/ Drug Abuse Prevention Program

401 E Picacho Rd., Winterhaven, CA 92283

Phone: (760) 572-4838 Fax: (760) 572-4837

Summer Youth Program 2026

Parent Consent

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

Age: _____ Grade: _____ Address: _____

Parent/Guardian Name(s): _____ Phone Number: _____

I, _____, give permission for my child to participate in the Fort Yuma Alcohol & Drug Abuse Prevention Program (ADAPP) for Summer Youth Program 2026.

Please mark transportation options:

() ADAPP Pick Up () ADAPP Drop Off () Parent/Guardian Pick Up () Parent/Guardian Drop Off

➤ ADAPP will drop off child(ren) at place of residence, parent must provide prior arrangements with ADAPP.

Note: If a child is to be dropped off at a different location or picked up by any other individual, please provide names & relation to child: _____

- ADAPP is not liable for any accidents/injuries that my child may encounter while participating in any activities.
- ADAPP is not responsible for lost, stolen, and/or damaged personal items including student's money.

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.

- **Please list any food allergies, if applicable:**

Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____

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**