
S.A.Y. Yes!® Centers for Youth Development
MEDICAL RELEASE

Parent's or Guardian's Authorization for adult in charge
to consent to medical or dental treatment of minor child.

The undersigned _____ (Parent or Guardian) who resides at _____, city of _____, state of _____, and who is a parent or legal guardian of _____, a minor, age _____, born _____, who resides at _____, city of _____, state of _____ herein authorizes the adult sponsor of S.A.Y.

Yes!® _____ to consent to any x-ray, examination, anesthetic, medical or surgical supervision and on the advice of any physician or surgeon licensed to practice in the state of treatment, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful.

Dated this _____ day of _____, year _____

Signature of Parent or Guardian

*Social Security No. of Parent or Guardian
who has signed form

Family physician's name, address, and phone _____

Is there any further information that might help us better care for your child?

*The request for the parent/guardian's social security number is only for emergency purposes. The SSN will be used to verify the parent/guardian's signature by hospitals or other emergency organizations when an emergency has occurred that involves your child.