

**SCHENECTADY/NIJKERK COUNCIL  
NIJKERK-SCHENECTADY FOUNDATION**

**PARENTAL/GUARDIAN LETTER OF CONSENT  
PARTICIPATION AND MEDICAL TREATMENT PERMISSION**

Dear Parent/Guardian:

**The Nijkerk-Schenectady Foundation and The Schenectady/Nijkerk Council cannot and does not accept any responsibility nor any financial consequence for an accident or calamity which happens during the exchange program, from July 3 until July 14, 2010, organized in cooperation with the Schenectady/Nijkerk Council, founded in Schenectady, New York, U.S.A with one of the exchanged youngsters.**

Your child has expressed an interest in participating in the Schenectady/Nijkerk Youth Exchange Program. This will be a once in a lifetime experience for all concerned and should be a valuable educational and growth experience for your son or daughter. It is important that you and your child understand the nature of the trip and agree to abide by the terms of this consent.

**COMPLETE THE FORM(S) AND GIVE THEM TO YOUR SON OR DAUGHTER TO BRING WITH THEM AND GIVE THEM TO CONNIE COLANGELO IN SCHENECTADY. CONNIE IS THE CONTACT PERSON IN SCHENECTADY.**

Every effort will be made to sustain the safety of all involved, but some activities may include some danger or exertion or on the part of your son or daughter.

The Committee in Schenectady will establish the rules for all activity conducted during the trip. **These rules must be followed at all times and by all participants.** The signature at the end of this consent form by both you and your child shall be considered confirmation of agreement to comply with this condition. Failure to follow such rules may result in termination of the privilege to continue the exchange. In such event, the Nijkerk/Schenectady Foundation will be contacted to meet your child at the nearest airport.

In the event of an injury to your child, appropriate first aid will be administered. In the event of a serious injury requiring professional medical treatment, authorities will be contacted immediately and the child taken to the nearest medical facility as appropriate. All reasonable efforts will be made to contact you to obtain any required permission for emergency medical care. In a situation where you can not be contacted for specific consent to treatment, and such delay creates a risk to your child's health, The Schenectady/Nijkerk Council will use the authority you grant by this form to obtain appropriate emergency medical care and treatment for your child.

**MEDICAL RELEASE**

Youth Participant's Name \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY/ST/ZIP \_\_\_\_\_  
TELEPHONE \_\_\_\_\_ Email \_\_\_\_\_ Cell \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_

Parental Authorization for Participation and Medical Treatment:

I/We \_\_\_\_\_, the parent/guardian of \_\_\_\_\_, do hereby acknowledge that I/we have read and understand the foregoing Parent/Guardian letter of consent, are aware of any risk involved in our son/daughter joining this Exchange, and give our permission for him/her to participate. I/We acknowledge receipt of this form and agree to its terms. I/We also agree that should a claim arise related to participation in this program, we will submit the claim for resolution by binding third party arbitration under the laws of New York in the United States.

In the event of a medical need for our son/daughter, I/We understand that The Schenectady/Nijkerk Council or their designee will make every reasonable effort to contact us at the telephone numbers listed below. I/We acknowledge that I/We may not be available to provide timely consent for medical treatment in the event our child becomes sick or is injured during this exchange. In the event that I/We are not available, I/We do desire to have the best available medical treatment for my/our child. I/We hereby authorize The Schenectady/Nijkerk Council, who will be in charge during the exchange, to act in my/our behalf with respect to any required medical treatment decisions and consents. Notice is hereby given to any qualified medical personnel that this authorization is currently in effect, and such personnel are directed to act upon such authorization without delay.

Date: \_\_\_\_\_

Signatures of: Parent/Guardian \_\_\_\_\_  
\_\_\_\_\_

Signature of Youth Participant \_\_\_\_\_

Parent/Guardian Address (Please print clearly)

Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian Telephone Numbers (with country code)

Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
Work: \_\_\_\_\_ Email: \_\_\_\_\_

## MEDICAL INFORMATION

To the physician: Please be advised that your patient

---

is about to embark on an exchange trip either to the United States or the Netherlands. We ask that you evaluate your patient in the context of this service, and inform us of any medical conditions that may require attention.

Illnesses within the previous five years requiring hospitalization or prolonged treatment:

Surgeries: \_\_\_\_\_

Allergies: \_\_\_\_\_

Injuries: \_\_\_\_\_

Current illnesses: \_\_\_\_\_

Current medications: \_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

Contagious diseases: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Restrictions on activities: \_\_\_\_\_

Vision: \_\_\_\_\_ Hearing: \_\_\_\_\_

Parent emergency contact numbers, with area code:

Home: \_\_\_\_\_

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

Other: \_\_\_\_\_

Other: \_\_\_\_\_

---