

**Consent to Medical Care and Treatment of Minor Children**

*(completion required by registrants under 18)*

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, medical practitioner, or hospital when deemed necessary or advisable by the health care provider to safeguard my child's health, in the event that I cannot be contacted. I understand that consent to treat is generally implied in emergency situations, and I waive my right of informed consent for such treatment as well as to further treatment that the health care provider would deem advisable during the time I cannot be contacted.

Child's date of birth: \_\_\_\_\_ Best phone number to reach you: \_\_\_\_\_

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

Medical conditions or special needs: \_\_\_\_\_  
\_\_\_\_\_

Medications being taken: \_\_\_\_\_  
\_\_\_\_\_

Health Insurance provider: \_\_\_\_\_

Health insurance ID #: \_\_\_\_\_ Group #: \_\_\_\_\_

Signed (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_

**Code of Ethics**

Violation of any of the following provisions will result in forfeiture of registration fees, and removal from the convention facilities (hotel, Temple & separate meeting facilities) at the discretion of convention officials. Chaperones or parents will be responsible for removal of the offending party.

- Illegal drugs and alcohol of any kind are prohibited.
- Everyone must respect the rights and property of other participants and facilities.
- Each participant must abide by the agreed upon evening curfew.
- Each participant is responsible for their behavior to their peers, chaperones, and advisors.
- Each participant must keep their chaperone/advisor advised of their whereabouts at all times.

We have read and will abide by the code of ethics provided. We agree to hold harmless from liability, Idaho-Oregon Buddhist Temple and its affiliated organizations, Four Rivers Cultural Center and the facility providing lodging for the guest, in the event of injury, loss of property or any other mishap.

Youth signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_