



**TEEN EVENTS:** Teens (13–17 years of age) are welcome to attend Big Bad Con either with their parent or guardian or on their own as long as they have this permissions form signed by their parent or guardian.

## TEEN PERMISSIONS AND EMERGENCY RELEASE FORM

*This form must be filled out completely before attending.* This information will be kept confidential and only used by the staff to enable us to work effectively and safely with your teen.

|                    |   |                    |   |
|--------------------|---|--------------------|---|
| Teen Name:         |   | Birth Date:        |   |
| Parent/Guardian 1: |   | Parent/Guardian 2: |   |
| Phone:             | <input type="checkbox"/> home <input type="checkbox"/> cell | Phone:             | <input type="checkbox"/> home <input type="checkbox"/> cell |
| Email:             |   | Email:             |   |

**Photography:** permission to use photos of child or child’s artwork in future promotions

|   |  |                 |
|---|--|-----------------|
| <input type="checkbox"/> may use photographs or artwork | <input type="checkbox"/> may NOT use photos or artwork | _____ (initial) |
|---|--|-----------------|

**Unsupervised Sign Out:** permission to leave the Big Bad Con premises with or without supervision

|   |   |                 |
|---|---|-----------------|
| <input type="checkbox"/> may leave without an adult | <input type="checkbox"/> may NOT leave without an adult | _____ (initial) |
|---|---|-----------------|

**Medical Information:** Please write any medical information that you feel would help our staff work effectively with your child or any information we should know in case of a medical emergency. All information will be kept confidential.

|            |              |                     |
|------------|--------------|---------------------|
| Allergies: | Medications: | Medical Conditions: |
|------------|--------------|---------------------|

**Medical and Dental Consent:** While your child is at Big Bad Con, an accident or emergency illness may occur. As a standard procedure, every effort will be made to contact the designated parent or guardian. However, because treatment may be necessary before we are able to contact you, we must have your authorization to consent to any such treatment for your child. The California Legislature has authorized consent in advance by parents or legal guardians for such treatment (Section 25.8 of Civil Code).

It is understood that your authorization is given in advance of the need for any specific diagnosis, treatment or hospital care, but is given to provide authority and power on the part of Big Bad Con, as your agent, to give specific consent of any such diagnosis, treatment or hospital care which a physician, surgeon or dentist may deem advisable.

The authorization, if given, is pursuant to the provisions of Section 25.8 of the California civil code and shall remain effective until revoked in writing. It is understood that the expense of any emergency treatment or diagnosis is for the parent's/guardian's account.

**AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR**

|   |                 |
|---|-----------------|
| <input type="checkbox"/> I hereby authorize any adult representative of Big Bad Con to consent to initial any X-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to my child under the general or special supervision and upon the advice of a physician and/or surgeon licensed under the provisions of the California Medical Practice Act, or to consent to any X-ray examination, anesthetic, dental or surgical diagnosis or treatment or hospital care to be rendered to my child by a dentist licensed under the provisions of the California Dental Practice Act. I further certify that I have joint or sole custody of the child named above.<br><br><input type="checkbox"/> I do NOT grant permission to consent to treatment for my child. | _____ (initial) |
|---|-----------------|

**I have read and understand this form**

|                             |                           |       |
|-----------------------------|---------------------------|-------|
| _____                       | _____                     | _____ |
| Print Parent/Guardian Name: | Parent/Guardian Signature | Date  |