



York-Poquoson Sheriff's Office Citizen Academy for Youth

(SCA for Youth)

Monday – Friday

9:00 a.m. – 4:00 p.m.



EMERGENCY AUTHORIZATION

I hereby authorize the Sheriff's Office Citizen Academy for Youth Coordinators to maintain and administer any prescribed medication for my child:

(Child's Name / Age)

During the Sheriff's Office Citizen Academy for Youth, I hereby give consent and permission to any licensed physician to hospitalize, and secure proper treatment for my child (named above). **I understand that if my child has a health history of which the instructors need to be aware, I am under the responsibility to provide it.** This form may be photocopied for use during the program.

(Signature of Parent or Guardian)

(Date)

WAIVER OF CIVIL LIABILITY

Sheriff's Citizen Academy for Youth (SCA for Youth)

Date: _____

I hereby waive any and all claims and demands of whatever nature, which I have or may hereinafter acquire against the County of York, its officers, the York-Poquoson Sheriff's Office, its deputies or agents, as a result of my permission for my child's participation in the Sheriff's Office Citizen Academy for Youth. I further agree that my child will comply with all the rules of the program and any instructions or orders issued by the program coordinators in connection with the program. **I understand that parents are required to provide transportation for youth, daily. Youth must be picked up promptly at 4:00 p.m. each day.** Other arrangements must be authorized in writing by the parent. I hereby acknowledge that I fully understand the consequences of this waiver and that it is a voluntary and intelligent act on my part and my child.

(Child's Name / Age)

Parent/ Guardian's Name: _____

(Print Name)

(Parent/ Guardian's Signature)

Dated this _____ day of _____, _____, in the County of York, Virginia.

(Date)

(Month)

(Year)