Middle School Northland Youth Leadership Summit 2026

Wednesday, October 7, 2026
Platte Woods United Methodist Church, Platte Woods

Parental Consent Form

Student's Name: _____ Date of Birth: _____

School: _____

Please list all known allergies to the following:
Medications: _____
Food: _____
Other (bee stings, poison ivy, etc.): _____

In case of emergency, please contact:_____

Home Phone #: _____ Work Phone #:_____

I hereby give permission for my son/daughter _____
to participate in the Northland Youth Leadership Summit on Wednesday, October 7, 2026.

I understand that Beacon Mental Health will not be liable for any injury and/or accident which may occur while my son/daughter is at, or in route to and from, any activity related to Northland Youth Leadership Summit 2026. In case of a medical emergency, I understand that every effort will be made to contact a parent or guardian. In the event that I cannot be reached, I hereby give permission to any physician, hospital, or other medical facility to perform such medical procedures and medical treatment as deemed necessary.

_____
(Signature) (Date)

I authorize Beacon Mental Health to use the name and/or photograph of my son/daughter for promotional and/or publicity purposes surrounding the Northland Youth Leadership Summit 2026 and its activities.

_____
(Signature) (Date)