



“Reflecting on the Past, Looking to the Future”

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: _____

submit with individual registration form