



2022 Summer Youth Employment & Learning Program (SYELP)
Minor Participant Consent and Release Form
(For Minor Participants Only)

TO: Parents/Legal Guardians of Minor Youth Participants
FROM: Capital Workforce Partners

The following information must be completed and signed by you, the parent/legal guardian of the minor youth involved in the Youth Employment Program, and returned to the organization employing the youth.

I, the undersigned parent/legal guardian of (Participant Name) with the birthdate of (Participant's date of birth), has my consent to participate in the 2022 SYELP.

Please complete the following medical questions:

- 1. Does your child have a food allergy? Yes No If yes, which foods:
2. Is your child allergic to insect bites? Yes No
3. If the answer to 2 or 3 above is yes, will your child bring an epinephrine auto-injector (e.g., EpiPen)? Yes No
4. Does your child take medications daily that he/she will have to take during program hours? Yes No If yes, which medication:
5. Is your child using an asthma inhaler/pump? Yes No

- I authorize release of this information to the Youth Employment Program organization.
I authorize my child to self-administer any medication listed above, as necessary.

Participant Name (Print clearly) Participant Signature Date
Parent/Guardian Name Parent/Guardian Signature Date