



**Dear Parent/Caregivers-**

**Your son or daughter has expressed an interest in being a part of the annual Youth Council talent show. We are asking your permission for them to become involved. All practices will be held at the St. Charles Cafeteria located at 9201 Watertown Plank Road. The following dates are important to the success of the talent show:**

**Dress Rehearsal Tuesday April 16th at 4:30 PM**

**Talent Show: Wednesday April 17th 6:30pm**

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### **Permission Slip**

My child \_\_\_\_\_, has permission to participate in the **Youth Council**

#### **Talent Show.**

During the activity, I can be reached at: Phone: (\_\_\_\_\_) \_\_\_\_\_

If I cannot be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Special Health Considerations: \_\_\_\_\_

(allergies, medications, etc)

By signing this form, you are agreeing to be photographed, interviewed, videotaped or filmed, or agreeing to allow persons for whom you are the guardian to be photographed, interviewed, videotaped or filmed.

Wraparound Milwaukee will not release your name or any medical information about you or the person to whom you are a guardian that is protected by the Health Insurance Portability and Accountability Act (HIPAA), unless you give your permission for the agency to do so.

You have a right to look at the material concerning you or the person to whom you are a guardian before it is released to the public, and you may have a copy of the material if you wish.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

**\*Permission slip needs to be returned in order to participate in the Talent Show.**