



What: RevoYOUTHtion Youth Conference
Where: Lowell Community Health Center
Address: 161 Jackson Street, Lowell MA 01852

161 Jackson Street
Lowell, MA 01852

When: Saturday February 2, 2019
Time: 9:00am to 3:00pm
Snow Day: Saturday February 9, 2019

978-937-9700
www.lchealth.org

Please ensure that your child has completed the online registration form to attend the conference in addition to completing this permission slip.

Transportation will be provided to and from the Lowell Community Health Center (Lowell CHC). Youth needing transportation are requested to indicate on the registration form. You will be notified of the pickup/drop off location in the days leading up to the conference at the contact information provided during registration.

If you have any questions, please contact Ruth Ogembo @ 978-322-8949

LOWELL CHC Teen BLOCK

PERMISSION SLIP- RETURN SIGNED SLIP (Bottom portion) TO AGENCY STAFF

I give my child _____ permission

(PRINT STUDENTS FULL NAME)

to attend the **Lowell Community Health Center Teen BLOCK Youth Conference**. The conference will take place at Lowell CHC on Saturday February 2, 2019 from 9am to 3pm. *In the event of a snow storm, the conference will be held on Saturday February 9, 2019 at the same time.*

I authorize the treatment by a qualified and licensed medical doctor of my child in the event of an emergency. I understand that effort shall be made to contact the child's parent/guardian prior to treatment, but that any of the treatments will not be withheld if the parent/guardian cannot be reached.

My child medical conditions (allergies, asthma etc.) include: _____

Print Name of Parent/Guardian Name: _____

Mother/Guardian - Day phone number: _____

Father/Guardian - Day phone number: _____

Signature of Parent/Guardian

Date