

Special Needs Youth Program Accommodation Consent Form

Youth Information

Name of Youth:

Date of Birth:

Parent/Guardian Name:

Contact Phone:

Contact Email:

Program Information

Program Name:

Program Dates:

Special Needs & Accommodation Details

Diagnosis/Disability (if applicable):

Please describe the specific accommodations, supports, or modifications needed:

Allergies/Medical Concerns:

Medications (with instructions):

Consent

I, the undersigned parent/guardian, consent to the participation of my child in the indicated youth program and authorize the implementation of the accommodations described above. I have provided accurate and complete information to ensure the safety and inclusion of my child.

Parent/Guardian Signature:

Date: