



Thriving with Stress: Registration Form

Youth Name: _____ E-mail _____

Parent/Guardian: _____ E-mail _____

Address: _____

Telephone: Home: _____ Work: _____ Other: _____

Grade: 9th 10th 11th 12th

I struggle with test anxiety: Yes No

Please return completed form to:

Wyoming Youth Services
800 Oak Avenue Wyoming, Ohio 45215
Attention: Thriving with Stress

Fax: (513) 821-3707

E-mail: Kimberly@wyomingyouthservices.com

For more information about the Thriving with Stress program, please contact Dr. Frank Wood at drfrank@thrivingwithstress.com or by phone at (513) 448-4076.



Parental Consent & Emergency Medical Authorization Form: Thriving with Stress

Youth Name: _____

Parent/Guardian: _____ E-mail _____

Address: _____

Telephone: Home: _____ Work: _____ Other: _____

If Wyoming Youth Services cannot reach me in an emergency please call:

Name: _____ Number: _____

MEDICAL AUTHORIZATION: In the event reasonable attempts to contact me (us) at the above number(s), are unsuccessful, Wyoming Youth Services' staff have my consent to authorize such emergency medical treatment and/or surgery as may be recommended by a qualified and duly licensed physician or dentist and in judgment of the staff is appropriate under the circumstances.

Medical Insurance: _____ Policy #: _____

Preferred Doctor: _____ Phone #: _____

Preferred Dentist: _____ Phone #: _____

Preferred Hospital: _____ Phone #: _____

Physical Impairments/Limitations: _____

Medications: _____

Allergies: _____

Date: _____ Signature of Parent or Guardian: _____

[Do not complete the REFUSAL TO AUTHORIZE part if you signed above.]

REFUSAL TO AUTHORIZE MEDICAL TREATMENT: I do not give consent for emergency medical treatment of my child. In the event of illness or injury, I wish the Wyoming Youth Services' staff to take no action.

Date: _____ Signature of Parent or Guardian: _____

PARENTAL CONSENT: I, _____, am the parent/guardian of _____, and hereby give my consent to his/her participation in Wyoming Youth Services' programs and activities. I also release Wyoming Youth Services, it's staff, volunteers, officers, and any other person acting as advisor, supervisor, or leader, from any and all liability or claim arising from injury or illness sustained by him/her during or in connection with such Wyoming Youth Services' activities.

Date: _____ Signature of Parent or Guardian: _____

PARENTAL CONSENT: I, _____, am the parent/guardian of _____, and hereby give my consent for photographs to be taken of my child while participating in Wyoming Youth Services' activities. These photographs may be used as promotional materials for Wyoming Youth Services, or in the Wyoming Living, the Community Press, or any other publications that may want to use these photos in an article or story.

Date: _____ Signature of Parent or Guardian: _____