

**WASHOE COUNTY JUVENILE SERVICES DEPARTMENT**

**PARENT OR GUARDIAN CONSENT**

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**RECREATIONAL ACTIVITY CONSENT**

Juvenile's Name: \_\_\_\_\_

Recognizing that physical activities are a proper part of the program of rehabilitation and care of minors committed to the custody of the Washoe County Juvenile Services Department, I hereby consent to (minor's name) \_\_\_\_\_ Participation in physical activities offered as part of the recreational program at Wittenberg Hall. The physical activities are patterned after those offered in the school system and include, but are not limited to, general exercise, basketball, flag football, and soccer.

I hereby certify that (minor's name) \_\_\_\_\_

is physically capable of participating in the above noted activities.

is physically capable of participating in the above noted activities with restrictions as noted:

\_\_\_\_\_  is not physically capable of participating in the above noted activities.

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

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**ACCIDENT WAIVER AND RELEASE OF LIABILITY**

I acknowledge that the Washoe County Juvenile Services department will use this Accident Waiver and Release of Liability (AWRL), and that it will govern my actions and responsibilities, and those of (minor's name) \_\_\_\_\_ during participation in physical activities offered as part of the recreational program at Wittenberg Hall.

In consideration of my consent, as parent and natural or legal guardian for (minor's name) \_\_\_\_\_ to participate in the recreational program, I hereby waive, release and discharge from any and all liability for death, injury, disability and property damage occurring to (minor's name) \_\_\_\_\_ during this activity. I also agree to indemnify and hold harmless Washoe County Juvenile Services Department from any and, all liabilities or claims made by others as a result, of any of (minor's name) \_\_\_\_\_ actions during this activity.

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

Witness: \_\_\_\_\_

**HEALTH CONSENT**

Juvenile's Name: \_\_\_\_\_

The health and welfare of your child is extremely important to us. A nurse practitioner is available to provide health care for your child while detained. I hereby consent and authorize a health assessment of (minor's name) \_\_\_\_\_ while detained at Wittenberg Hall. This assessment may include, but not necessarily be limited to, a medical, dental and psychiatric history, laboratory and / or diagnostic tests to detect communicable diseases including tuberculosis, and a medical examination by a physician or Nurse Practitioner.

I hereby consent and authorize medical and dental evaluation and treatment for (minor's name) \_\_\_\_\_, which may be necessary in the event of injury, accident or illness while in the custody of Washoe County Juvenile Services. Such treatment may include, but not necessarily be limited to, physical examination, diagnostic testing and therapeutic treatment.

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

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**VACCINATION CONSENT**

During your child's health assessment, a nurse may administer vaccinations that are ordered by our Nurse Practitioner. These vaccinations may include both those required by law as well as those that are highly recommended, including vaccinations against influenza, H1N1 influenza (swine flu), meningococcal disease (meningitis) and human papillomavirus (cervical cancer and genital warts). If you have concerns you wish to discuss with the Nurse Practitioner before your child receives any immunizations, the Nurse Practitioner would be very happy to contact you. If so, please indicate a current phone number at which you can be reached during the day.

- Yes, I consent to have my child vaccinated with all required and recommended vaccinations.
- I have questions and wish to be contacted by the Nurse Practitioner. The best number to reach me during the week day is \_\_\_\_\_
- No, I do not consent to have my child vaccinated with the following vaccinations:  
\_\_\_\_\_

I HAVE FULLY READ THIS DOCUMENT AND I COMPLETELY UNDERSTAND ITS CONTENTS. I HAVE RECEIVED THE NOTICE OF PRIVACY PRACTICES.

Date: \_\_\_\_\_  
Parent or Guardian's Signature

Address of Parent or Guardian  
\_\_\_\_\_

Relationship to Child \_\_\_\_\_

Witness \_\_\_\_\_