PARENT AUTHORIZATION AND CONSENT

In as much as I have enrolled my son/daughter (full name)_____ in the _____Program (dates)_____to _____ And understanding that the program to be conducted in Montana is rigorous physical and an emotional experience for youth, and realizing that _____, Has exclusive control of (full name)_____during this time, I approve and consent to the following safety procedures to ensure the well-being of all participants and all transportation needs.

My/our student's personal effects and his person may be searched at the discretion of _____ medications to be taken by my/our student during the program course be in the custody and dispensed by _____personnel.

That any and all psychologists, medical doctors, hospitals, counselors, therapists, or others who have counseled or treated my/our student, and whose names have been provided to _____on the Release of Information form, are hereby authorized to release all information regarding medical history, diagnosis, treatment, or disability to _____staff and consultants who will be involved in my/our student's program.

Should our son/daughter run away from the control and supervision of the _____staff during the term of the program, all appropriate law enforcement or security personnel of any federal, state, county, or municipal entity shall be directed to detail and detain custody of my/our son/daughter until my spouse or I or any of _____personnel may re-obtain custody or control of him/her or they may authorize continued custody by the entity until travel is arranged for his/her immediate return to my/our home.

That _____personnel shall be able to physically restrain, control, and detain my/our student for the following purposes:

a. To prevent jeopardizing his safety and that of other students.
b. To prevent him from hurting or jeopardizing the safety of anyone in the program.

It is understood that any physical restraint will be the minimum required and will only be used to ensure his safety.

_____, _____
Signatures - Mother Father Date

_____, _____
Printed Names - Mother Father Phone #

_____,
Notary Signature and Seal