

Authorization Forms

REMINDER: Please send ***copies*** of the following documents for school records, identification purposes and for possible employment (please **DO NOT** send originals):

- Birth Certificate
- Social Security Card
- Insurance Card (front and back) or signed Insurance Form

Please mail completed forms and copies to:

**Nevada Youth Training Center
ATTN: Admin Office
P. O. Box 459 Youth Center Road
Elko, Nevada 89801**

Thank you.

**Nevada Youth Training Center
Elko, NEVADA**

CORRESPONDENCE AUTHORIZATION

My child, _____, has permission to write to and receive mail from, and/or place calls to and receive calls from the following persons: (You MUST specify the persons whom you will permit him/her to correspond with by name. We will not accept a list that says he/she may write to "anyone", or "open".) Please complete the specific section for each person your youth is allowed to have contact with. If you do not include a phone number, we will assume your youth is NOT allowed to speak on the phone with that person. Please include the complete mailing address.

<u>NAME:</u>	<u>ADDRESS:</u>	<u>PHONE #:</u>	<u>RELATIONSHIP:</u>

Parent/Guardian (please print)

Parent/Guardian signature

Date

CONSENT TO TREAT FOR
EMERGENCY MEDICAL, SURGICAL and DENTAL

NAME OF CHILD

DATE

TO WHOM IT MAY CONCERN:

I hereby authorize, give consent, and assume financial responsibility for any dental services, medical or surgical care, eye care, or routine tests to be performed on my child while he/she is at the Nevada Youth training Center, Elko, Nevada, or when said services are deemed necessary or advisable by the attending physician. I also consent to the administration of whatever anesthetics are advisable or necessary. I further consent to have my child's medical history report sent to the Infirmary at the Nevada Youth Training Center or to any treatment facility which is addressing the emergency medical needs of my child.

MEDICAL/DENTAL INSURANCE INFORMATION

Complete the following information and enclose a copy of front and back of insurance card and/or signed insurance form.

Insured's Name on Policy: _____

Insurance Company Name: _____

Insurance Company Address: _____

Policy Number: _____ Group Number: _____

Insurance Claims or Contact telephone number: _____

Other Insurance (attach separate sheet): _____

Insured's Social Security Number: _____

Insured's Date of Birth: _____

PARENT/GUARDIAN SIGNATURE

ADDRESS

NEVADA YOUTH TRAINING CENTER

Parental Permission Slip

At various times during your child's stay at the Nevada Youth Training Center, he/she may be involved with off-campus activities. Sometimes there will be activities held off-campus related to school functions, and some youth also participate in special work projects located off-campus. There are also special recreational events that may include camping or hiking. The activities and events held off-campus are considered to be in the best interest of your child's treatment and general well-being. All activities are appropriately supervised.

Please fill out the following form and return it to the Nevada Youth Training Center office as soon as possible.

I hereby give permission for my son to participate in Off-campus activities.

Print youth's full name

Print Parent/Guardian's full name

Parent/Guardian Signature

Date

**NEVADA YOUTH TRAINING CENTER
ELKO, NEVADA**

CONSENT FOR PHOTOGRAPH

I hereby give my consent for my child, _____, to have his/her name and/or photograph published for meritorious achievement while he/she is at the Nevada Youth Training Center.

Parent/Guardian Signature

Date

RELIGIOUS PARTICIPATION CONSENT

Dear Parent(s)/Guardian(s):

The Nevada Youth Training Center offers opportunities for youth to participate in on-grounds religious services and activities. Most of these services are non-denominational in delivery, however, there are times when religious leaders from specific denominations visit NYTC to offer services. There are also times when we will have the opportunity to participate in off-grounds events at specific places of worship.

The only reason we will deny your child the opportunity of attending, will be if his/her behavior is too disruptive to allow it. We will not force your child to attend any services. If you would like to leave the choice of which church services to attend up to your child, simply mark the appropriate choice below.

Thank you for your assistance. Please write or call us if you have any questions.

Greg Thornton, Superintendent
Nevada Youth Training Center

NAME OF CHILD:

I (we) designate the _____ Church as the church I (we) would like my (our) child to attend while at the Nevada Youth Training Center.

_____ My (our) child may attend non-denominational services

_____ The choice is his/hers to make.

Parent/Guardian Signature

Date