PARENT AUTHORIZATION AND CONSENT

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 educational decisions may be made by Mountain Meadow Youth Ranch. 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.

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