

# 2023 Day at the Capitol Permission Slip



TRU Group \_\_\_\_\_

Adult Advisor \_\_\_\_\_

Day at the Capitol (DATC) will take place on **May 2, 2023** at the **Pennsylvania State Capitol**. Our TRU group will travel by **[personal vehicle / rental vehicle / bus]** and we will depart from \_\_\_\_\_ **[LOCATION]** at \_\_\_\_\_ **[TIME]** and will return at \_\_\_\_\_ **[TIME]**.

DATC is hosted annually by the American Lung Association, the Pennsylvania Alliance to Control Tobacco (PACT), and the Tobacco Resistance Unit (TRU). Your child will be joining hundreds of Pennsylvania teens to meet with state legislators to advocate for tobacco prevention and control. Regarding COVID 19, DATC organizers will put in place preventative measures based on guidance from federal, state, and local officials to reduce the spread of COVID-19; however, it cannot be guaranteed that an attendee will be prevented from an exposure to COVID-19. Registered attendees who are sick or exhibiting symptoms of COVID, will be asked to stay home. By signing this document, you acknowledge the nature of this program and give permission for your child,

\_\_\_\_\_ **[CHILD'S NAME]**, to voluntarily participate in DATC 2023, and furthermore, release the sponsoring organizations from any liability involved from your child's participation in this program.

As part of this effort, popular social media outlets such as Facebook, Twitter, Instagram and YouTube as well as traditional media will be used as crucial communication vehicles for the TRU program to spread the word about tobacco prevention to others. Any use of your child's name, photo or video image on these media sites in association with this event will be carefully monitored by TRU staff. By signing this document, you are consenting to release your child's name, photo and/or video image taken at this event for use in social and traditional media initiatives associated with TRU.

### **MEDICAL AUTHORIZATION:** (please print or type)

Yes, I authorize TRU personnel to seek medical care for my child in the event of a medical emergency.

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Please list any known allergies \_\_\_\_\_

**\*\*\* Light snacks will be provided to those attending. Due to the nature of the event, we may not be able to accommodate all dietary restrictions. We ask that those with dietary restrictions please pack their own food. \*\*\***

### **Person to be contacted in case of emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### **Alternate person to be contacted in emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**TRU Advisors, please email the completed forms for your group to [Lauren.Chappel@Lung.org](mailto:Lauren.Chappel@Lung.org) by Friday, April 21.**