



**Parent/Guardian Permission Form**

To attend this event, please complete and submit this form to your school group leader or scan and send directly to [upcon@nchcnh.org](mailto:upcon@nchcnh.org) or by mail at

*North Country Health Consortium*

*ATTN Greg Williams*

*260 Cottage Street, Suite C,*

*Littleton, NH 03561.*

**A signed permission slip is required for participation.**

**Event Details:**

**Event:** *UP Granite Youth Conference*

**Date:** *May 4, 2026*

**Location:** *The Omni Mt. Washington Hotel*

**Time:** *5:00 PM - 8:00 PM*

**Transportation:** *Provided by local school*

**Participant Information**

Student Name: \_\_\_\_\_

Student School Name: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

(dinner and snacks will be provided.)

### **Parental Consent**

I certify that I am the legal guardian of the student named above and give my consent for their attendance at the UP-Granite Youth Conference.

Parent/Guardian Name (Printed): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### **Media & Participation Authorization**

Please check one option for each section below.

#### **Media Release:**

I DO  / DO NOT  authorize my student's school, UP Granite Youth Conference, and North Country Health Consortium to use, reproduce, and/or publish photos and videos that may feature my child's image, likeness, and/or name. I understand these materials may be used for publications, evaluations, social media, or other promotional efforts. This authorization remains in effect unless withdrawn by sending notice to [upcon@nchcnh.org](mailto:upcon@nchcnh.org) or by mail at

*North Country Health Consortium*

*ATTN Greg Williams*

*26 Cottage Street, Suite 230,*

*Littleton, NH 03561.*

#### **Survey Participation:**

I DO  / DO NOT  authorize my student to participate in a post-conference survey measuring the impact of the UP-Granite Youth Conference. Survey responses remain anonymous.

This information is used solely for data matching and will not be used to identify individual students in any public report.

**Waiver & Liability Release**

I, the parent/guardian of \_\_\_\_\_ (“my student”), give permission for my student to attend the UP-Granite Youth Conference on May 4, 2026.

I authorize my student to travel in any vehicle designated by my local school, its employees, or adult volunteers while attending and traveling to and from this event.

I grant permission to the appointed adult advisor to seek emergency medical attention for my student if needed, and I accept full financial responsibility for any related medical expenses.

I release UP Granite Youth Conference, North Country Health Consortium, its employees, agents, and volunteers from any liability, claims, or damages related to my student’s participation or transportation to and from this event.

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

Thank you for your support and participation! For more information please contact Greg Williams at [upcon@nchcnh.org](mailto:upcon@nchcnh.org) or call 603-259-4797

