



Permission Slip

I hereby consent that \_\_\_\_\_ may participate with Safe Out & Terros Health for Action Camp. Action Camp is a 2-day event for youth to come together to learn about health and wellness and create a teen-led opioid misuse and abuse prevention public service announcement. This event is free and open to 20 youth ages 13-18 in Maricopa County.

The participants will be supervised by trained Community Development Coordinators.

Event Location: ASU Campus Downtown

Transportation: [ ] To be provided by parent/guardian/teen [ ] Public transportation [ ] To be provided by Terros Health.

[ ] I agree to let my teen participate in the Opioid Prevention PSA on Saturday, March 2 from 10am-4pm and Sunday, March 3 from 10am-2pm.

[ ] I acknowledge that in the event of a medical emergency, the Community Development Coordinators will secure medical attention or hospitalization for my child.

Teen's Physician: \_\_\_\_\_

[ ] (optional) I agree to let my teen be photographed/videotaped while participating. I authorize the use of video and photographs for materials associated to Safe Out publications and social media.

Parent/guardian signature (if under 18)

Date

Parent/Guardian & Emergency Contact Information (Required)

Table with 3 columns: Contact Name, Relationship, Phone number. Rows 1 and 2.

Medications/Allergies/Special/Dietary needs:

\_\_\_\_\_

Is there anything else you'd like us to know?

\_\_\_\_\_

## **Teen Participant Information**

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

Gender pronouns: \_\_\_\_\_

Age: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address (if transportation needed): \_\_\_\_\_  
\_\_\_\_\_

Dietary restrictions: \_\_\_\_\_

T-Shirt Size: \_\_\_\_\_

If you have any questions about the event, please contact Isaac Akapnitis at (602) 685-6082  
[Isaac.Akapnitis@terroshealth.org](mailto:Isaac.Akapnitis@terroshealth.org) or Ann Maxwell at (602) 685-6016 [Ann.Maxwell@terroshealth.org](mailto:Ann.Maxwell@terroshealth.org).

To register, please complete this form and send back to: [SafeOutAZ@gmail.com](mailto:SafeOutAZ@gmail.com).

**Please complete and return by Monday, February 25.**