

# 2026 Day at the Capitol Permission & Media Release Form



School/Organization: \_\_\_\_\_

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

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

The 2026 Day at the Capitol (DATC) will take place on **May 5, 2026**, at the Pennsylvania State Capitol in Harrisburg. Our TRU group will travel by [personal vehicle / rental vehicle / bus] and will depart from \_\_\_\_\_ [LOCATION] at \_\_\_\_\_ [TIME] and return at \_\_\_\_\_ [TIME].

DATC is an annual event hosted by the American Lung Association, Pennsylvania Alliance to Control Tobacco (PACT), and Tobacco Resistance Unit (TRU). During this event, your child will join Pennsylvania teens to meet state legislators and advocate for tobacco prevention and control.

By signing this form, you:

- Give permission for \_\_\_\_\_ [CHILD'S NAME] to participate in DATC.
- Release the sponsoring organizations from any liability associated with your child's involvement in this program.
- Consent to the use of your child's name, photo, or video taken at the event for TRU-related social or traditional media.

## Medical Authorization

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

Child's Name (Last, First): \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

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

Allergies (if any): \_\_\_\_\_

**Note: A boxed lunch will be provided. If your child has dietary restrictions, please pack food accordingly.**

## Emergency Contact Information

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**TRU Advisors, please email the completed forms for your group to [Julia.McAfee@lung.org](mailto:Julia.McAfee@lung.org) by Friday, April 24.**

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_