

Teen Permission Slip 2014-2015

I _____ (parent/ guardian name) hereby give permission for my child _____ to participate in all events in the South Street Youth Center and all local field trips to nearby parks and community sites. In the event of an injury requiring medical attention I hereby grant permission to Maura Ramsey, or other designated staff to attend to my child _____. If the injury warrants further medical attention I grant permission for necessary medical treatment to be given to my child. In addition, I hereby give my permission to Maura Ramsey, or designated staff to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs on a trip or in the center.

- Yes, I consent to allow my child to walk home from Curtis Hall without adult supervision.
- No, I do not consent to allow my child to walk home from Curtis Hall without adult supervision.

Signature

home phone

work phone

Date

cell phone

Photo- Release

I give permission for the use of any photos, video or audio of my child that are taken during programming of the South Street Youth Center. I understand that my child's photo may be in pictures used in promotional materials, such as flyers, brochures, videos or on websites/ web-pages for the youth center and our collaborating organizations for the 2014-2015 summer and school year. I understand that my child's picture will be used appropriately and may even appear in the local newspaper!

Signature

Date

Other important medical information (allergies, disabilities, medications, etc) :

Age and Education

My child's DOB is: _____ he/she is in _____ grade (as of 9/2014) at _____ school.

In Case of Emergency, Please Contact:

Parent/ Legal Guardian: _____
Phone: _____
Address _____
Apartment #: _____

Other Emergency Contacts:

Name: _____
Phone: _____
Relationship: _____
Address: _____
Name: _____
Phone: _____
Relationship: _____
Address: _____

Family Doctor: _____
Phone: _____
Hospital/ Clinic: _____

