

ROCKY HILL YOUTH SERVICES BUREAU PERMISSION SLIP

This permission slip gives your child access to all Youth Service Bureau programs, activities/events.

PARTICIPANT INFORMATION

Participant's Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

School: _____ (for summer programs enter upcoming school/grade) Grade: _____ Gender: _____

Parent/Legal Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Referred to the program by: _____

- Please check here if you do **NOT** want your child's name or photo published: _____
- Please check here if your child does **NOT** have permission to fill out anonymous surveys: _____
- Please check here if the program does **NOT** have permission to obtain the State Assigned Student ID # from your child's school: _____

DEMOGRAPHICS (please check one in each category)

Race:

___ American Indian/Alaska Native

Lunch:

___ Asian

Free/Reduced Lunch

___ Black/African American

Free/Reduced Lunch

___ Native Hawaiian/Other Pacific Islander

___ Multi-Racial

___ White

Family:

___ 2 Birth/Adoptive Parents

___ Step & Birth Parent

___ Single Parent Female

___ Single Parent Male

___ Grandparent

___ Relative/Guardian

___ DCF

___ Foster Parent

___ On Own

___ Joint Custody

___ Other

Free/Reduced

___ Receives

___ Eligible for

___ Not Eligible

Ethnicity:

___ Hispanic/Latino

___ Not Hispanic/Latino

Note: We provide certain demographic information from this form to the State of CT Department of Children & Families for statistical and research purposes

PERMISSION AND EMERGENCY/MEDICAL INFORMATION

If your child requires pick-up, is there anyone **NOT** authorized to do so: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Are there any specific medical conditions we should be aware of _____

In case of emergency, if I cannot be reached, I give permission to the attending physician to hospitalize, secure necessary treatment, order injections, anesthesia, or surgery for my child named on this form. Additionally, I the undersigned, do hereby waive and hold the Rocky Hill Youth Services Bureau, its employees and agents, harmless from any personal or property damage I or my child may incur while participating in this activity. I also understand Rocky Hill Youth Services does not provide accident or health insurance. In addition, I give permission for my child to participate programs at Rocky Hill Youth Services.

Parent/Legal Guardian Signature: _____ Date: _____