

OLD SAYBROOK YOUTH AND FAMILY SERVICES

322 Main Street, Old Saybrook, CT 06475

(860) 395-3190

PERMISSION SLIP for YOUTH PROGRAMS

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.

DEMOGRAPHICS (please check one in each category)

Race:

- American Indian/Alaska Native
- Asian
- Black/African American
- 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 Lunch

- Receives Free/Reduced Lunch
- Eligible for Free/Reduced Lunch
- Not Eligible

[Note: We provide certain demographic information from this form to the State of CT's Department of Education for statistical and research purposes]

Ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

PERMISSION AND EMERGENCY/MEDICAL INFORMATION

Medical information and/or special needs (i.e. asthma, seizures, allergies to insect bites or poison ivy)
(please print): _____
n Not applicable.

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 Old Saybrook Youth and Family Services, 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 Old Saybrook Youth and Family Services does not provide accident or health insurance. In addition, I give permission for my child to participate programs at Old Saybrook Youth and Family Services.

Parent/Legal Guardian Signature: _____ Date: _____