



Youth and Family Services

322 MAIN STREET
OLD SAYBROOK,
CONNECTICUT 06475
(860) 395-3190 • FAX (860) 395-3189
www.oldsaybrookct.org/youth

Movie Night at The Goodwin School Permission Form **Date** _____

Participant's Name: _____ Age: _____

Date of Birth: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Day Phone: _____ Cell Phone: _____

Email address: _____

In case of emergency, contact (please print):

Name: _____ Phone: _____

Physician's Name: _____

Physician's Phone Number: _____

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

Food allergies: _____

Waiver and Permission

I hereby grant permission for my son/daughter _____
to participate in the OSYFS/and Class of 2019 Movie Nights at The Goodwin School.

In case of emergency, if I cannot be reached, I give permission to the attending physician to determine if my child named on this form needs medical attention. 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.

Signature of parent/guardian: _____ Date: _____