



DEPOT YOUTH CENTER PERMISSION SLIP

PARTICIPANT INFORMATION

This permission slip gives your child access to all Depot/Youth Service Bureau programs, activities, and events, as well as access to the Youth Center from today, _____ through June 30, 2018. Please fill out completely.

Student's Name: _____ DOB: _____ Age: _____

Address: _____ City/Town: _____ Zip Code: _____

School: _____ Grade: _____ Gender: _____ Home Phone: _____

Parent/Legal Guardian: _____ Parent cell phone: _____

Parent/Legal Guardian Email: _____

- 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

Ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

Family:

- 2 birth/Adoptive Parents
- Step & Birth Parent
- Single Parent Female
- Single Parent Male
- Grandparent
- Relative/Guardian
- DCF
- Foster Parent
- Living on Own
- Joint Custody
- Other

Free/Reduced Lunch:

- Receives Free/Reduced Lunch
- Eligible to Receive Free/Reduced Lunch
- Not Eligible

Note: We provide certain demographic information from this form to the State of CT Department of Education 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 special 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 DEPOT YOUTH CENTER**, its employees and agents, harmless from any personal or property damage I or my child may incur while participating in activities at **THE DEPOT YOUTH CENTER**. I also understand **THE DEPOT YOUTH CENTER** does not provide accident or health insurance. In addition, I give permission for my child to participate in all programs at **THE DEPOT YOUTH CENTER**.

Parent/Legal Guardian Signature: _____ Date: _____