

East Haddam Youth & Family Services:

This form gives your child permission to participate in the HS Bonfire on August 22, 2018.

Youth Name _____ Birthdate _____ Age _____ Grade _____

Parent/Guardian Name _____ Phone (H) _____

Address _____ (W/C) _____

Town/Zip _____ E-Mail Address _____

Transportation

How will your child get home from this activity? I will pick up Other

Other: Please specify who may pick up your child in your absence _____

Health Release

Emergency Contact _____ Phone _____

Current medical condition(s) or medication we should be aware of _____

Physician to be called in an emergency _____ Phone _____

Address _____ Town/Zip _____

Insurance Co. _____ Policy # _____

Policy Holder's Name _____

I give my consent for the leader to contact the above named physician if my child has a medical emergency. I understand that if my child's physician is not available, another physician may be contacted on an emergency basis. I also give my consent for the leader to seek medical attention in any emergency at _____.

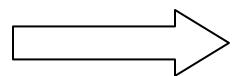
I will be responsible for all medical charges.

Signature of parent/guardian _____ Date _____

Photograph/Video Release

_____ I give my consent for EHYFS to photograph and/or videotape my child during this activity. I understand that my child's name and photo/video might be posted on the EHYFS website or Patch or published in printed materials such as EHYFS newsletter, newspapers.

_____ I do *NOT* want my child photographed or videotaped during this activity.



EHYFS Program: HS Bonfire

Please note: Completing this form, or any part of it, is voluntary and will not affect your child's ability to participate in the program.

Youth Name: _____ Birthdate: _____

Information included below is requested by the State Board of Education for statistical and funding purposes.

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

Ethnicity:

- Hispanic/Latino
- Not Hispanic/Latino

Homeless:

- Not Homeless
- Doubled Up/Shared Housing
- Unsheltered
- Hotel/Motel
- Unaccompanied Youth

Please check here if your child does *NOT* have permission to complete anonymous surveys designed to evaluate program effectiveness.

Please check here if the State Board of Education does *NOT* have permission to obtain the State Assigned Student ID # from your child's school.

Signature of parent/guardian _____ Date _____