# HENRY FORK SERVICE CENTER PERMISSION FORM

Child's Complete Name: _____
(FIRST) (MIDDLE) (LAST)

Mailing Address: _____
(HOUSE#) (STREET) (APT#)

_____
(CITY) (STATE) (ZIP)

Parent's E-mail address _____

I prefer to receive program information by: _____ e-mail _____ postal mail

Child's date of birth: ____/____/____ Age:_____ Grade:_____ Gender: _____
Month Day Year

**Ethnicity (Please circle):** Hispanic Not Hispanic

**Race (Please circle all that apply):** American Indian/Alaskan Native Asian Black/African American
Native Hawaiian/Pacific Islander White

**Mother/Guardian's name:**_____ **Contact number:**_____

**Father/Guardian's name:**_____ **Contact number:**_____

**Persons who we can contact in case of an emergency <u>and</u> who have permission to pick up your child, other than parents or guardians:**

**(1) Name:** _____

**Contact numbers:** _____

**Relationship to child:** _____

**(2) Name:** _____

**Contact numbers:** _____

**Relationship to child:** _____

Please list any other persons who have consent to pick up your child from the Henry Fork Service Center after activities or in case of an emergency.

**Name:** _____ **Phone:** _____
**Name:** _____ **Phone:** _____
**Name:** _____ **Phone:** _____

List anyone who is **<u>not</u>** allowed contact with your child. You **<u>must</u>** provide a court order if this person is the child's parent:

Please list all individuals not allowed contact with your child.

Form is continued on back

**Child's Name: _____**

## CONSENT FOR MEDICAL TREATMENT

I authorize the Henry Fork Service Center staff, after using reasonable efforts to contact me, to obtain any first aid or emergency medical treatment for the child named below. I also agree not to hold the Henry Fork Service Center staff or anyone acting on their behalf responsible for injuries occurring to the below named child in the course of the Center activities.

Name of child: _____

Name of Insurance Company: _____

Policy Number: _____ Policy holder's name: _____

Family Doctor: _____ Preferred hospital:_____

1. Does your child have any health problems? If so, please list: _____
   _____
2. List any general, food, or drug allergies your child has: _____
   _____
3. Does your child take a prescription medicine? If yes, list name and dosage. _____
   _____

_____ _____

Signature of parent or guardian date

**Previous school or childcare attended: _____**

## GENERAL RELEASE FORM

I hereby consent for my child _____to participate in all Henry Fork Service Center (HFSC) activities and to ride HFSC vans to and from scheduled activities. I give the HFSC staff my permission to take and use photographs of my child in publications, multimedia, and websites pertaining to HFSC. I understand that the HFSC staff, volunteers, and Board of Directors are in no way responsible for any injury or loss of property before, during, or after activities. I certify that the above named child is in good health and physically able to participate in activities. **I understand that it is my responsibility to notify HFSC staff of any changes to this form. I understand that there will be a fee due on the 1st of every month and I agree to keep this fee current. I understand that if fees are not kept current, there will be a late fee and/or my child may be removed from the program.** I verify that all the information given above is correct to the best of my knowledge.

_____ _____

Signature of parent or guardian date