



15-16 Permission Slip and Emergency Information * **New Milford Youth Agency**

This form gives your child access to all New Milford Youth Agency programs, activities and events from today, _____ through June 2016.

Participant's Name: _____ DOB: _____ Age: _____ Gender: _____

Mailing Address: _____ School: _____ Grade: _____ Bus (PM): _____

Parent/Guardian: _____ Email: _____ Ph#: _____

Parent/Guardian: _____ Email: _____ Ph#: _____

Additional Contact Info (home phone, etc.): _____

Additional Emergency Contact Numbers: _____

Participant's Cell Phone/email (if applicable): _____

Parent Concerns (allergies, illness, restrictions, etc): _____

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

Please check here if you do NOT give permission for your child to be transported by the Youth Agency staff

I hereby authorize the New Milford Youth Agency to provide emergency first aid during the course of this program and to seek appropriate medical aid and treatment for my child at any time when they believe an emergency exists. This would include all treatment such as medication, minor and major surgery, administration of anesthesia, hypodermic injection and the like. I understand that emergency transportation will be provided by an ambulance or a staff member's private auto as deemed necessary by the person in charge.

Signed _____ Date: _____

Hold Harmless: I, by these presents do, for myself and my child, our heirs, assigns and executors and/or administrators hold the Town of New Milford, all town agencies and departments including, without limitation, the New Milford Youth Agency, their servants, employees and volunteers, free, harmless and indemnified from all claims, lawsuits, actions and/or demands for damages, that I and/or my child have or may have or which may hereinafter accrue for bodily injury, death and/or property damage as result or claimed to have occurred as a result of my child's participation in the above named program, and covenant and agree not to sue the Town or any of its agencies and/or above described persons thereafter.

Legal Authorization and Consent for Above Items:

Signed _____ Date: _____

----- OPTIONAL -----

- | | | |
|---|--|---|
| <u>Race:</u> | <u>Ethnicity:</u> | <u>Family:</u> |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> 2 birth/adoptive parents <input type="checkbox"/> On own |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> Step & birth parent <input type="checkbox"/> Other |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Unknown | <input type="checkbox"/> Single parent female |
| <input type="checkbox"/> Native Hawaiian/Other Pacific Islander | | <input type="checkbox"/> Single parent male |
| <input type="checkbox"/> Multi racial | | <input type="checkbox"/> Grandparent |
| <input type="checkbox"/> White | | <input type="checkbox"/> Relative/Guardian |
| <input type="checkbox"/> Other | | <input type="checkbox"/> DCF guardianship |
| <input type="checkbox"/> Unknown | | <input type="checkbox"/> Foster parent |
| | | <input type="checkbox"/> Joint custody |

How did you hear about the Youth Agency? _____

We provide some of the information from this form to the State of CT Dept of Education for statistical and research purposes.