

THE HENRY FORK SERVICE CENTER PERMISSION FORM

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

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

(CITY) (STATE) (ZIP)

MAILING ADDRESS (if different): _____

Parent's E-mail address _____

Child's date of birth: ___/___/___ Age ___ Grade ___ School: _____
Month Day Year

Name of legal guardian(s): _____

Relationship of person(s) having custody: _____

Mother/Guardian's work place: _____ Work phone: _____

Home Phone: _____ Cell Phone: _____

Father/Guardian's work place: _____ phone: _____

Home Phone: _____ Cell Phone: _____

Persons who we can contact in case of an emergency other than yourself:

(1) Name: _____

Home Phone: _____

Work Phone: _____

Relationship to child: _____

(2) Name: _____

Home Phone: _____

Work Phone: _____

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: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

I have included a copy of the court order naming individuals not allowed contact with my child. These individuals are:

Please list all individuals not allowed contact with your child.

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: _____ Hospital you normally visit: _____

1. Does your child have any health problems? If so, please list: _____

2. Please list any general, food, or drug allergies your child has: _____

3. Does your child have a disability? If yes, please describe. _____

4. Does your child take a prescription medicine? If yes, please list. _____

Signature of parent or guardian

date

GENERAL RELEASE FORM

I hereby consent for my child _____ to participate in all Henry Fork Service Center activities and to ride Henry Fork Service Center 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 the Center. I understand that the H.F.S.C. staff, volunteers, and Board of Directors are in no way responsible for any injury or loss of property before, during, or after the Center activities. I certify that the above named child is in good health and physically able to participate in the Center activities. **I understand that it is my responsibility to notify Center staff of any changes to this form. I understand that there will be a fee due on the 6th of every month.** I verify that all the information given above is correct to the best of my knowledge.

Signature of parent or guardian

date