

**OLD SAYBROOK YOUTH AND FAMILY SERVICES**  
**322 Main Street, Old Saybrook, CT 06475      (860) 395-3190**

**PERMISSION SLIP for YOUTH PROGRAMS**

**PARTICIPANT INFORMATION**

Participant's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

School: \_\_\_\_\_ (for summer programs enter upcoming school/grade) Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Legal Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Referred to the program by: \_\_\_\_\_

- 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 the YFS program does *NOT* have permission to obtain the State Assigned Student ID # from your child's school.

**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

[Note: We provide certain demographic information from this form to the State of CT's Department of Education for statistical and research purposes]

**PERMISSION AND EMERGENCY/MEDICAL INFORMATION**

Medical information and/or special needs (i.e. asthma, seizures, allergies to insect bites or poison ivy) (please print):  Not applicable.

If your child requires pick-up, is there anyone *NOT* authorized to do so: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Are there any specific 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 Old Saybrook Youth and Family Services, its employees and agents, harmless from any personal or property damage I or my child may incur while participating in this activity. I also understand Old Saybrook Youth and Family Services does not provide accident or health insurance. In addition, I give permission for my child to participate programs at Old Saybrook Youth and Family Services.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_