

Wildcats Are Taken Care of Here

Students name : _____

Gender Male ___ Female ___ Age _____ DOB (mmddyy) _____ Ethnicity _____

Address _____ City: _____ Zip _____

Primary Phone _____ secondary Phone _____

Father's Name: _____ Occupation (optional) _____

Phone _____ Employer (optional) _____

Mothers Name: _____ Occupation (optional) _____

Phone _____ Employer (optional) _____

Guardian's Name: _____ Occupation (optional) _____

Phone _____ Employer (optional) _____

Member lives with: Mother ___ Father ___ Grandparent ___ Other _____

Local Emergency contact OTHER than Parent:

Name _____ Phone : _____

Relationship to Student _____

School Information: Vaughn School Grade: _____ Teacher _____

Persons Authorized to pick up student:

Name: _____ Relationship to student _____ Phone: _____

Name: _____ Relationship to student _____ Phone: _____

Name: _____ Relationship to student _____ Phone: _____

I the Undersigned (as parent or guardian of the participant, a minor), hereby give permission for mutual exchange of information between the 21st century afterschool Program and school regarding health and student issues, food program status, immunization records and academic achievement.

Signature: _____ Date: _____

Acknowledgment and consent: For internal and external use, I acknowledge that 21st century After school Program and /or its sponsors may utilize film, Print and digital images of the student or a family ,which may be taken during involvement in the 21st Century AfterSchool Program activities. I consent to such use and hereby waive rights to compensation. **Initial** _____

Transportation: I Hereby give my child permission to travel on the 21st Century AfterSchool Program bus for trips. I understand that if my child is not at the designated. I understand that if my child is not at the designated pick up site, the 21st century After school Program is not responsible for my child. **Initial:** _____

Medical information:

Doctor's Name: _____ Phone _____

Serious health problems: Yes _____ No _____ If yes explain: _____

Medications: No ___ Yes ___ If yes explain: _____

I the undersigned (as a parent of guardian of the participant, a minor). Hereby authorize the staff of the 21st Century AfterSchool Program volunteers, coaches, trainers, supervisors, instructors and drivers as my agents, to consent medical, surgical or dental examination or treatment. In case of emergency. I hereby authorize treatment and /or care at any hospital or by licensed medical personnel. Staff will not medicate children. Parents /guardians are ENTIRELY responsible for medications and for *personnel arranging* for and insuring the proper and timely medicating of their child.

Signature: _____ Date: _____