





# Photo Video/ Interview Consent

I certify that I am the parent or legal guardian of \_\_\_\_\_, whose date of birth is \_\_\_\_\_.

Name of child

month/day/year

I understand that this program features special events both in-school and away from school. Media representatives, newspaper and television reporters, photographers, public relations personnel may be present at these special events to record them. In some cases they may interview and/or interview will only used to promote this program.

I give permission for my child to be photographed or otherwise recorded during all events and activities, and for any and all such photographs to be displayed by all out-of school programming at Yerwood Center, in any medium (books, newsletters, web sites, etc.), whether now or hereafter know or developed.

**Signature of Parent or Guardian**

**Date**

If you do not wish for your child to participate in the activities described above, please review this section of this form.

I DO NOT give permission for my child to be photographed or otherwise recorded during events and activities. As a result, my child may not be able to participate in these events and activities.

**Signature of Parent or Guardian**

**Date**

## School and Report Card Information

I hereby give Yerwood permission to contact my child's school to discuss my child's progress and obtain report card information.

Name of School child attend: \_\_\_\_\_

**Signature of Parent or Guardian**

**Date**

# Health Examination Record

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## Participant Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Gender \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Home Phone \_\_\_\_\_  
School: \_\_\_\_\_ Grade Completed in June 2008: \_\_\_\_\_

## Parent or Guardian Information

First Contact \_\_\_\_\_ First Contact \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_

## Emergency Contacts

Name \_\_\_\_\_ Name \_\_\_\_\_  
Daytime Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Relationship to Child \_\_\_\_\_ Relationship to Child \_\_\_\_\_

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### *Parent or Guardian Authorization for Hospitalization in the Event of an Emergency*

This health history is correct to the best of my knowledge and the person named above has permission to participate in all Yerwood activities except noted by the examining physician or me. I understand that transportation can be made through a 911 ambulatory service, Yerwood vehicle, or staff vehicle. If I cannot be reached in the case of an emergency, I hereby give my permission to the physician selected by the Yerwood Center to hospitalize, secure proper treatment for, and other injections or anesthesia for surgery for the person named above.

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

**General Health Record (Exam within past 12 months)**

Is your child under the care of a psychologist or counselor? (circle one) YES NO

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Exam: \_\_\_\_\_

Identify any medical or emotional illness or disorder that would currently pose a risk to other children or which would currently affect the child's functional ability (physical & mentally) to participate safely:

\_\_\_\_\_

\_\_\_\_\_

Medical information pertinent to routine childcare and emergencies:

\_\_\_\_\_

\_\_\_\_\_

Is this child taking prescription medication on a daily basis for chronic illness/condition? \_\_\_ YES \_\_\_ NO

If yes, please explain: \_\_\_\_\_

Does your child have any allergies? \_\_\_ YES \_\_\_ NO

If yes, please explain: \_\_\_\_\_

Is your child current or in the process with immunizations according to the schedule adopted by the Commission of Public Health (CGS 19a-7f)? \_\_\_ YES \_\_\_ NO

***Immunization Record: Month, Day, and Year for Each Dose***

	Immunization					Date
	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>	
DTP/Dta/P/DT						MMR 1 <sup>st</sup> Dose
OPV/IPV						Measles 2 <sup>nd</sup> Dose
HIB						Varciella
Hepatitis B						PPD

The above named person is in satisfactory condition and may engage in all program activities except as noted: \_\_\_ YES \_\_\_ NO

Signature of M.D. \_\_\_\_\_ Date form signed: \_\_\_\_\_

State Licensed in: \_\_\_\_\_ License #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**This form MUST be filled out *prior* to the first day of program.**

**If this form is not completed your child will *NOT* be allowed to participate.**

# Field Trip Emergency Sheet

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Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Daytime #: (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

## PLEASE ANSWER QUESTIONS BELOW (please circle one):

YES NO *Does your child have any specific illness problems?*

YES NO *Does your child have any allergies?*

YES NO *Does your child takes any medications?*

YES NO *Is there any concerns the Yerwood Center should have while taking care of your child?*

## EXPLAIN ALL "YES" ANSWERS HERE:

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All information above is true and I will be responsible for making all changes as needed.

\_\_\_\_\_ (full name of student) has my permission to attend ALL events.

This Field Trip Emergency Form will be used as a blanket permission slip for your child to attend the scheduled trip for the day, if you fail to return the original permission slip.

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

# Emergency Transportation Permission Agreement

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**I hereby release the Yerwood Center, its employees, officers, and agents from all claims and causes of action for damage to loss of property, or personal injury, arising out of the following events regarding my child/children.**

\_\_\_\_\_  
**Name of child/children**

- 1. Utilizing a private staff car or Yerwood vehicle to transport him/her to a hospital.**
- 2. Utilizing a private staff car to transport him/her to a safe location in the event of a natural disaster that involves immediate building evacuation and relocation.**

**Parent/Guardian Signature** \_\_\_\_\_

**Print Name Parent/Guardian** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Yerwood Center Program Rules and Regulations

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Welcome to the Yerwood Center. The Rules and Regulations of the programs include:

### **ABSOLUTELY NO:**

- Fighting
- Cursing
- Gang related items (i.e., bandannas, etc.)
- Weapons
- Loitering in front or throughout the building
- Activities where there is no staff present
- Destroying Yerwood Center's property
- Valuable personal items
- IPOD, Handheld Games, or other Electronics
- Disrespectful behavior towards staff members or other participants in the program
- Hats in the building

**I understand all of the Yerwood Center rules and regulations and agree to follow them.**

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**\*Please discuss the rules of the Yerwood Center with your child. You and your child must sign and date the form. Return it to the Program Office with your child's health form.\***

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#### CERTIFICATION STATEMENT

I, the undersigned, certify that all information on this form is true and correct. I understand that my statements are subject to verification. I agree and accept that I will abide by all applicable rules and regulations of this program. I consent to the enrollment and participant of the child listed above in this program.

\_\_\_\_\_  
Applicant Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Yerwood Center Staff Signature Date

