



# WOODBIDGE YOUTH SERVICES PERMISSION SLIP

## Job Bank/Community Service

### PARTICIPANT INFORMATION

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

Address: \_\_\_\_\_ Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Parent/Legal Guardian : \_\_\_\_\_ Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

Parent/Legal Guardian : \_\_\_\_\_ Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail: \_\_\_\_\_

- Please check here if you do *NOT* want your child's photo published.
- Please check here if you do *NOT* want your child's name published but give permission to publish a photo.
- Please check here if your child does *NOT* have permission to complete anonymous program evaluations required for CT Department of Children and Families Grant.

### DEMOGRAPHICS (please check one in each category)

<p><b><u>Ethnicity:</u></b>          ___ Hispanic/Latino          ___ Not Hispanic/Latino</p> <p><b><u>Race:</u></b>          ___ American Indian/Alaska Native          ___ Asian          ___ Black/African American          ___ Native Hawaiian/Other Pacific Islander          ___ Multi Racial          ___ White          ___ Other</p>	<p><b><u>Family Constellation</u></b>          ___ 2 Birth/Adoptive Parents          ___ Step &amp; Birth Parent          ___ Single Parent (Female)          ___ Single Parent (Male)          ___ Grandparents          ___ Relative/Guardian          ___ DCF          ___ Foster Parent (s)          ___ On Own          ___ Joint Custody     ___ Other</p>	<p><b><u>Free/Reduced Lunch:</u></b>          ___ Receives Free/Reduced Lunch          ___ Eligible for Free/Reduced Lunch          ___ Not Eligible</p> <div style="border: 1px solid black; background-color: #ffffcc; padding: 5px; margin-top: 10px;"> <p><i>Note:</i>              We provide certain demographic information from this form to the CT Department of Children and Families for statistical and re-search purposes.</p> </div>
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### PERMISSION AND EMERGENCY/MEDICAL INFORMATION

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

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

Please list any medical or emotional concerns including any allergies \_\_\_\_\_

I \_\_\_\_\_ give permission for my child \_\_\_\_\_ to participate in the programs at Woodbridge Youth Services. I understand that Woodbridge Youth Services does not screen all employers, individuals or organizations in the Job Bank and Community Service Programs and assume all responsibility to determine if the work is appropriate for my child. I release Woodbridge Youth Services, the Town of Woodbridge and its employees from liability, costs, and/or damages of any nature resulting out of my child's participation in Woodbridge Youth Services programs. I also give my consent for Woodbridge Youth Services to seek emergency treatment for the minor if necessary, and I agree to accept financial responsibility for the costs related to this emergency treatment.

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