



Lymes' Youth Service Bureau
 > EMPOWERING YOUTH FOR A BETTER FUTURE

PO Box 589 • 59 Lyme Street • Old Lyme, CT 06371
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Permission Form for LYSB Programs

LYSB Program Attending:			
Child/Student Name		Date of Birth (M/D/Y)	
Age and grade in school	AGE: _____ GRADE: _____	Date of last physical:	
Address			
Home Phone			
Siblings attending?:		Date of Birth (M/D/Y)	
Mother's Name			
Mother's phone numbers:	HOME: _____	WORK: _____	CELL: _____
Father's Name			
Father's phone numbers:	HOME: _____	WORK: _____	CELL: _____
Parent email address(es):			
Name of caregiver attending with child: (playgroups only)			
Does child have any allergies, take medication or have medical condition?			
Custody arrangements we should be aware of?:			
Emergency contacts if parents are unavailable:		Phone:	
Race/Ethnicity: (optional – needed for our grant reporting purposes)	<input type="checkbox"/> Causasian/White <input type="checkbox"/> African American <input type="checkbox"/> Hispanic/Latin <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial <input type="checkbox"/> Other		
Family Constellation (optional – needed for our grant reporting purposes)	<input type="checkbox"/> Two parents (birth or adoptive) <input type="checkbox"/> Birth & Step parents <input type="checkbox"/> Joint Custody <input type="checkbox"/> Single parent female <input type="checkbox"/> Single parent male <input type="checkbox"/> Grandparent <input type="checkbox"/> Relative/Guardian <input type="checkbox"/> Foster Parent <input type="checkbox"/> DCF <input type="checkbox"/> Other		

Check here if you do **NOT** want your child's name or photo published

Lymes' Youth Service Bureau and its staff will do everything possible to ensure the health and safety of those attending programs/events. In the event of injury, I release LYSB and the staff from any liability. I give permission for medical treatment for my child in the event he/she is injured and I cannot be contacted. I will assume all responsibility for costs incurred. I give permission for my child to fill out surveys related to the content and quality of this program.

Parent/Guardian signature: _____

Date: _____