

Permission Form for LYSB Programs K-12

This form will be kept on file for one year. It is the parent's responsibility to update information.

Child/Student Name			Date of Birth (M/D/Y)	
	AGE:	GRADE:	GENDER:	
Address				
Home Phone				
Mother's Name				
Mother's phone numbers:	HOME:	WORK:	CELL:	
Father's Name				
Father's phone numbers:	HOME:	WORK:	CELL:	
Parent email address(es):				
Does child have allergies, take medication or have medical condition?				
Custody arrangements we should be aware of?:				
#1 Emergency contact if parents are unavailable:		Phone:		
#2 Emergency contact if parents are unavailable:		Phone:		
Race/Ethnicity: (optional – needed for our grant reporting purposes)	<input type="checkbox"/> Caucasian/White <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Native American <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Other <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino			
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 ☐

Check if LYSB does **NOT** have permission to obtain the State Assigned Student ID# from your child's school ☐

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 anonymous surveys related to the content and quality of LYSB programs.

Parent/Guardian signature:

Date:

LYSB Program:

Date(s):

Paid: