

PLEASE PRINT ALL OF THE INFORMATION BELOW

Child's Last Name: _____ First Name: _____ Birthdate: _____ Age: _____ Grade: _____

Parent/Guardian Name: _____ Work Phone: (____) _____ Home Phone: (____) _____

Address: _____ City: _____ Zip Code: _____ Cell Phone: (____) _____

Parent/Guardian Name: _____ Work Phone: (____) _____ Home Phone: (____) _____

Address: _____ City: _____ Zip Code: _____ Cell Phone: (____) _____

(if different from address above)

In addition to the parents/guardians, the following adults (18 years and older) are authorized to take this child from the facility. These names will also serve as emergency contacts. These contacts must be reachable and available for immediate pick-up or response.

<i>Name</i>	<i>Phone</i>	<i>Name</i>	<i>Phone</i>
_____	(____) _____	_____	(____) _____
_____	(____) _____	_____	(____) _____
_____	(____) _____	_____	(____) _____

Do Not Release - Based on court documents on file at Girls Inc., my child should NEVER be released to:

HEALTH INFORMATION

Is there anything we should know about your child that will help us provide her with the best and safest possible experience? _____

Special Medical Limitations: _____

Allergies to: (If "none" please write in none)

Food: _____

Medicine: _____

Other: _____

Please List ALL medications (including OTC) taken by your child: _____

Special Disabilities: Learning Developmental Emotional Visual Hearing Mobility

Other Special Needs: _____

Medical Insurance Name _____ Physician Name _____ Dentist Name _____

Medical Insurance Coverage Number _____ Physician's Phone Number _____ Dentist's Phone Number _____

Parent/Guardian - Please read and sign: I give permission to obtain all emergency medical or dental care prescribed by a duly licensed Physician (M.D.) Osteopath (D.O.) or Dentist (D.D.S.) for my child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named above.

 X _____
Parent/Guardian Signature

_____ Date

Walking Field Trip Permission — Our after-school program occasionally takes short walking field trips within a one-block radius of the school. These may include visits to the public park adjacent to the school, walking parades around the campus, or similar nearby activities.

Please indicate whether you give permission for your child to participate in these supervised walking trips:

YES — I give permission for my child to participate in walking field trips within one block of the school.

NO — I do not give permission for my child to participate in walking field trips within one block of the school.

_____ **Parent Signature**

Peanut and Snack Policy _____ **Parent Signature**

Since January 2, 2007, all Alameda Island Kids sites no longer serve peanut butter, peanuts or any kind of nuts for daily snack. We have seen an increase in severe peanut allergies among the children in our care and want to maintain their safety. We may, on rare occasions, serve limited sweets for parties & special holidays. We are asking all Alameda Island Kids parents to be mindful of this new guideline and **do not pack any of these items for lunch or snack.**

Photo/Media/Social Media Release (optional) **YES** **NO** _____ **Parent Signature**

I hereby authorize Alameda Island Kids and its agents and others working for it or on its behalf to use my child's image/likeness/voice/artwork/writing in still photos, slides, video productions, radio coverage, marketing materials, television coverage, organization social media accounts (Facebook, Twitter, Instagram), organization website (www.girlsincislandcity.org), interviews, testimonials for promoting and representing Alameda Island Kids and its programs, and do hereby grant and convey unto Alameda Island Kids all rights, title, and interest in the above media including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Sunscreen Application & Use (optional) **YES** **NO** _____ **Parent Signature**

I hereby agree to provide sunscreen to the program for my child as needed and authorize as parent or guardian, for AIK staff to apply my provided sunscreen product to my child as needed and will follow the Incidental Medical Services Plan and Policies (see AIK Parent Handbook). I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

Liability Agreement Release _____ **Parent Signature**

I hereby authorize, as parent or legal guardian, for my child to participate in Alameda Island Kids programs. In consideration for this participation, I do hereby, for myself and my heirs and assigns, release and agree to indemnify and hold harmless Alameda Island Kids, its employees and volunteers from all liability, loss, claim, demand, action or cause of action which arises or may arise or be occasioned in any way by such participation. I also release and hold harmless Alameda Island Kids, its employees and volunteers from all liability, loss or claim which may occur to my child for the purposes of participating in any Alameda Island Kids activities.

Consent for Emergency Medical Treatment:

As the parent or authorized representative, I hereby give consent to _____ to obtain all emergency medical or dental care facility name prescribed by a duly licensed physician (MD), osteopath (DO), or dentist (DDS) for _____. This care may be given under name whatever conditions are necessary to preserve the life, limb or well-being of the child named above.