



Georgetown Youth Community Center 2022 Child Contact / Permissions Form

Completed form must accompany child on first visit to the center.

Child's Information

Last Name: _____ First Name: _____
Date of Birth: _____ Gender Identity: _____ Age: _____ Eye Color: _____
Hair Color: _____ Height: _____
Street Address: _____ Town/State: _____
Zip Code: _____
School Attending: _____ Child's Grade In 2022: _____
Child's Cell Phone Number: _____

Parent/Guardian Contact

Parent/Guardian #1

Name

Relation to Child

Home Address

City / State / ZIP

Cell Phone Number

Work Number and Extension

Email

Parent/Guardian #2

Name

Relation to Child

Home Address

City / State / ZIP

Cell Phone Number

Work Number and Extension

Email



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Emergency Contact (in order to be contacted if guardians are unable to be reached):

Contact #1

Name

Relation to Child

Home Address

City / State / ZIP

Cell Phone Number

Work Number and Extension

**Do you give permission for your child
to be released to this person? Yes or No**

Contact #2

Name

Relation to Child

Home Address

City / State / ZIP

Cell Phone Number

Work Number and Extension

**Do you give permission for your child
to be released to this person? Yes or No**

Parent/Guardian Initials: _____

Medical Information:

Chronic Health Conditions: _____

Allergies: _____

Symptoms of Allergic Reactions: _____

Medications: _____

First Aid and Medical Care Consent I authorize Georgetown Youth Community Center staff who are trained in the basics of First Aid and/or CPR to give my child First Aid/CPR when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my teen to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child.

Parent/Guardian Initials: _____



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Media Release

I **DO** **DO NOT** give permission to the Town of Georgetown and the Georgetown Youth Community Center to use photographic, audio and video reproductions of my child for publicity and marketing purposes only.

Parent/Guardian Initials: _____

I hereby give my teen permission to participate in all Youth Center programs, activities and trips. I understand that the activities may include team sports, field trips, and workshops on various topics such as career awareness, violence prevention, alcohol/drug abuse, and other issues pertinent to adolescents and teens.

Parent/Guardian Initials: _____

Permission to Walk Home

My child, _____, **IS Allowed** to sign out of the Youth Center and walk home by themselves.

Parent/Guardian Initials: _____

My child, _____, **IS NOT Allowed** to sign out of the Youth Center and walk home by themselves. They will be picked up.

Parent/Guardian Initials: _____

All Information Above Reviewed and Approved By:

Parent/Guardian Signature

_____/_____/_____
Date

Please Print Name

For any questions, concerns, or comments, please contact:

Erin Duggan

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email: theygcc@gmail.com