

North Shore Youth Council

P.O. Box 1286, Rocky Point, NY 11778 - Phone: (631) 744-0207 - Fax: (631) 744-3565 - www.nsync.com

Middle School Drop-In for Grades 6 and Up

Child's Name: _____	School: _____	
Grade in 2020-21: _____	Birth Date: _____	Age: _____
Address: _____	Town: _____	Zip: _____
Mailing Address (if different): _____	Town: _____	Zip: _____
Primary Contact Phone: _____	Primary Email Address: _____	
Mother's/Guardian's Name: _____		
Home phone: _____	Work phone: _____	Cell phone: _____
Father's/Guardian's Name: _____		
Home phone: _____	Work phone: _____	Cell phone: _____

Emergency contact other than a parent (must provide 2 contacts)
Name 1: _____
Home phone: _____ Cell Phone: _____
Relationship to child: _____
Name 2: _____
Home phone: _____ Cell Phone: _____
Relationship to child: _____
Name of doctor: _____
Address & phone number: _____
My child will be attending: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday
My child (please initial):
___ Has permission to arrive at Drop-In on their own.
___ Has permission to leave Drop-In on their own.
___ Cannot leave Drop-In unless picked up by persons authorized on this form.
I hereby give permission to have my child picked up from the Drop-In program on a day when I am not able to do so. Permission is granted to the following individuals. These individuals are aware that they will need to show photo identification at the time of pickup before my child is released. <u>Please note that children will ONLY be released to those individuals whom parents/guardians have listed as emergency contacts or specifically identified in writing as having permission to pick children up. Anyone picking a child up from the program, including parents/guardians, must be prepared to show photo ID and sign each child out.</u>
Individuals authorized to pick up: _____

Parent/Guardian Signature: _____ Date: _____

Are there any custody issues/orders of protection in place concerning your child that we should be aware of?

No: ___ Yes: ___ If yes, please explain and attach copy of court order: _____

Does your child have any limitations with regard to physical activity? No: ___ Yes: ___ If yes, please explain: _____

Does your child have any allergies to food, medications, or other substances? No: ___ Yes: ___ If yes, please explain: _____

Does your child need/require an epi-pen (Benadryl)? No: ___ Yes: ___

Does your child need/require an inhaler? No: ___ Yes: ___

Is your child currently on any regular medications? No: ___ Yes: ___ If yes, please write medication name and dosage: _____

**If your child needs/requires an Epi-Pen, Benadryl, or an inhaler,
please complete and submit the medication consent packet.**

Photograph Permission

Occasionally we like to photograph youth in our programs doing various activities and sometimes we post the photos on our website, social media platforms, at the school site, or in our offices. In order to do this, we must obtain permission from parents/guardians. Please indicate below whether or not you give permission to have your child's photo taken and used in the manner above.

[] **YES**, I give permission for North Shore Youth Council to photograph my child and use it in the manner listed above.

[] **NO, I DO NOT** give permission for North Shore Youth Council to photograph my child and use it in the manner listed above.

Parent/Guardian Signature: _____ Date: _____



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Participant Waiver - Participant/Parent/Guardian Release

_____ has my permission to participate in all activities offered. If attempts to contact me are unsuccessful, I authorize and give my consent for any emergency medical, surgical or dental treatment for my child (listed above) anywhere/anytime should it be deemed advisable by a qualified medical Doctor or Dentist, and the prompt attention/treatment in an emergency. I authorize the North Shore Youth Council to take all necessary steps to ensure my child's health & safety in case of an emergency and to administer any needed medications.

In case of accident or injury I will not hold the North Shore Youth Council or its employees or volunteers responsible. I understand and assume all risks that may occur during my child's participation in these programs. I further acknowledge that North Shore Youth Council is not accountable for any injury/illness that may occur through no fault or negligence of their care, act of God, or communicable disease. I understand that should any injury occur to my child at the program, I will be responsible for all medical treatment and other costs through my medical insurance policy and/or personal finances.

I agree to adhere to the stated policies and procedures of the program and I acknowledge that I have received and reviewed the policies and procedures set forth in the Parent Handbook & COVID-19 Safety Plan. I understand that program protocols are based on guidance that may be subject to change.

Parent/Guardian Signature: _____ Date: _____