

Emergency Contact and Medical Information for a Child

<hr/> <p>Child's Name</p>	<hr/> <p>Date of Birth</p>	M	F
		Sex	
<hr/> <p>Parent's/Guardian's Name</p>	<hr/> <p>Parent's/Guardian's Name</p>		
<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>	<hr/> <p>Home Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>		
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>		

Alternative Emergency Contacts

<hr/> <p>Primary Emergency Contact</p>	<hr/> <p>Secondary Emergency Contact</p>
<hr/> <p>Home Phone</p>	<hr/> <p>Home Phone</p>
<hr/> <p>Work Phone</p>	<hr/> <p>Work Phone</p>
<hr/> <p>Address</p>	<hr/> <p>Address</p>
<hr/> <p>City, ST ZIP Code</p>	<hr/> <p>City, ST ZIP Code</p>

Medical Information

Hospital/Clinic Preference

<hr/> <p>Physician's Name</p>	<hr/> <p>Phone Number</p>
<hr/> <p>Insurance Company</p>	<hr/> <p>Policy Number</p>

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
<p>I give permission for my child to go on field trips. I release LdF youth center and individuals from liability in case of accident during activities related to LdF Youth Center, as long as normal safety procedures have been taken.</p>	
<hr/> <p>Parent's/Guardian's Signature</p>	<hr/> <p>Date</p>
<hr/> <p>Witness Signature</p>	<hr/> <p>Date</p>

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Parent Release Form for Media Recording

I, the undersigned, do hereby grant or deny permission to the LDF Youth Center to use the image of my child, _____, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the LDF Youth Center website.

- Deny permission to use my child's image at all.
- Grant permission to use my child's image in the following ways (mark all that apply):
 - Limited usage: I want my child's image used within the LDF Youth Center setting only (not in the larger community).
 - Limited usage: I want my child's image used for educational materials only (not marketing). This could be either within LDF Youth Center or in the larger community. One example of this could be videos in parent education classes.
 - Limited usage: I want my child's image used on printed materials only (no digital or video use).
 - Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by LDF Youth Center for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian
Signature: _____

Date: _____