



Consent to Participate in Community Outings

I give permission for my child to participate in community outings as needed during therapy sessions with a therapist employed by Growing Together Behavioral Center.

Permission is granted through July 31, 2023.

Parent Signature

Date

Contact telephone number: _____

Dietary Restrictions/Medical Information

Please list any food allergies or dietary restrictions for your child: Need Epi-Pen? YES NO

Consent to Transport Waiver and Release Form School Social Skills/Community Outing Groups

Child's Name: _____

Birth Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Mobile Phone: _____

For Minor Child named above, please complete the following:

Parents or Guardians Names: _____

Parents or Guardians Work Phone: _____

Parents or Guardians Mobile Phone: _____

Does the person have any special medical condition or health problem of which GTBC should be aware before participating in community outings (e.g., allergic to bee stings?)

Transportation Waiver and Release:

I, the undersigned, give my consent for the person identified above to be transported by Trusting Him, Inc. DBA: Growing Together Behavioral Center (GTBC) and will assume all liability for their participation in the activities/events during scheduled community-based outings and any and all injury that may result during the transportation to the scheduled event/activity or injury during the scheduled event/activity.

Further, by signing below:

1. I will not hold GTBC, its managing partners, therapists, teachers, assigns or anyone acting on its behalf, responsible or liable for injury occurring to the named person in the course of such activities or such travel.
2. I hereby accept financial responsibility for personal items lost by the person identified herein.
3. I authorize GTBC to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the person in the course of such activities/events or such travel and agree to accept the cost of the transportation and/or treatment by medical personnel or facility.
4. I accept full responsibility and hereby grant permission for my minor child to travel with GTBC.

This Waiver and Release will be valid for all transportation occurring as of and after the date below. This Waiver and Release is valid through July 31, 2023.

Signed this _____ day of _____, 2022

Printed Name of Consenting Parents/Guardians of Minor child/Relationship:

Signature of Consenting Parents/Guardians of Minor Child/Relationship:

NOTE: Student will not be taken on community outings unless all parents/guardians with legal custody of the child sign above.