THE LIFE AFTER PRISON

Team Building Activity — Permission Slip

3 Pounds of Pressure · My Successful Blueprint Program

ACTIVITY DETAILS

Activity / Location | Date | Time

This activity may include transportation, group meals or snacks, and photos or video taken for program documentation and promotional use, as described below.

PARTICIPANT INFORMATION

Youth Full Name | Date of Birth | Age

PARENT / GUARDIAN INFORMATION

Parent / Guardian Full Name | Relationship to Youth

Home Address

Primary Phone | Alternate Phone | Email

EMERGENCY CONTACTS

Emergency Contact 1 — Name | Relationship | Phone

Emergency Contact 2 — Name | Relationship | Phone

MEDICAL INFORMATION

Health Insurance Provider | Policy / Member ID

Primary Doctor Name | Doctor Phone

Allergies (food, medication, environmental, etc.) — write "None" if not applicable

Current Medications & Dosage

Medical Conditions Staff Should Be Aware Of (asthma, diabetes, seizures, etc.)

Dietary Restrictions (for meals / snacks provided during the activity)

Emergency Medical Treatment Authorization

I give permission for The Life After Prison staff to secure emergency medical treatment for the above participant in the event I cannot be reached, including transport to the nearest emergency facility. I understand every reasonable effort will be made to contact me first.

CONSENT & ACKNOWLEDGMENT

☐ I give permission for my child / the youth named above to participate in this team building activity, including any related transportation.

☐ I give permission for my child to eat food or snacks provided by The Life After Prison during this activity, and I have listed any allergies or dietary restrictions above.

☐ I give permission for photos and/or video of my child to be taken during this activity and used by The Life After Prison for program documentation, newsletters, social media, and promotional materials.

☐ I understand that reasonable safety precautions will be taken, and I release The Life After Prison, its staff, and volunteers from liability for accidents or injuries not caused by negligence.

SIGNATURE

Parent / Guardian Signature

Date