



MANCHESTER YOUTH SERVICE BUREAU
P.O. Box 191, Manchester, CT 06045-0191 - (860)647-5213 - Fax (860)647-5253
PERMISSION SLIP

This permission slip gives the participant access to all Youth Service Bureau programs, activities and events, as well as access to the Teen Center until revoked by a parent or guardian.

PARTICIPANT INFORMATION

Participant's Name: _____ Date of Birth: _____ Age: _____

Address: _____ City: _____ Zip: _____

School: _____ (for summer programs enter upcoming school/grade) Grade: _____ Gender: _____

Parent/Legal Guardian Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____ E-mail: _____

Referred to the Youth Service Bureau by: _____

- Please check here if you do **NOT** want your child's name or photo published: ☐
- Please check here if your child does **NOT** have permission to fill out anonymous surveys: ☐
- Please check here if the YSB does **NOT** have permission to obtain the State Assigned Student ID # from you child's school: ☐

DEMOGRAPHICS (please check one in each category)

Race:

☐ American Indian/Alaska Native
☐ Asian
☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander
☐ Multi Racial
☐ White
☐ Other

Ethnicity:

☐ Hispanic/Latino
☐ Not Hispanic/Latino

Family:

☐ 2 Birth/Adoptive Parents
☐ Step & Birth Parent
☐ Single Parent Female
☐ Single Parent Male
☐ Grandparent
☐ Relative/Guardian
☐ DCF
☐ Foster Parent
☐ On Own
☐ Joint Custody
☐ Other

Total People in Household:

☐ 1 ☐ 2 ☐ 3
☐ 4 ☐ 5 ☐ 6
☐ 7 ☐ 8 ☐ 9 or more

Free/Reduced Lunch:

☐ Receives Free/Reduced Lunch
☐ Eligible for Free/Reduced Lunch
☐ Not Eligible

[Note: We provide certain demographic information from this form to the State of CT Department of Education for statistical and research purposes]

PERMISSION AND EMERGENCY/MEDICAL INFORMATION

If your child requires pick-up, is there anyone **NOT** authorized to do so: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Are there any specific medical conditions we should be aware of? _____

In case of emergency, if I cannot be reached, I give permission to the attending physician to hospitalize, secure necessary treatment, order injections, anesthesia, or surgery for my child named on this form. Additionally, I the undersigned, do hereby waive and hold the Town of Manchester, its employees and agents, harmless from any personal or property damage I or my child may incur while participating in this activity. I also understand the Town of Manchester does not provide accident or health insurance. In addition, I give permission for my child to participate programs at the Youth Service Bureau.

Parent/Legal Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY:

PROGRAMS/ACTIVITIES:

REASON FOR REFERRAL:

DATE RECEIVED: _____

REGION: _____

SCHOOL CODE: _____