



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:

- | | | |
|----------------------------|----------------------------|------------------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 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:

DATE RECEIVED: _____
REGION: _____
SCHOOL CODE: _____

PROGRAMS/ACTIVITIES:

REASON FOR REFERRAL:

