

ICKY'S YOUTH CENTER, Belen New Mexico
Permission and Medical Release Form
September 2024 to September 2025

Accurate and Complete Information enables Us to authorize medical care in case of any emergencies.

Name: _____ DOB: _____ Grade 24-25: _____
School: _____
Address: _____ City: _____ State: _____ Zip: _____ Male /
Female

Parent/Guardian(s) _____
Email: _____
Primary Phone# _____ - _____ Secondary Phone# _____ - _____

1st Emergency Contact: _____ 2nd Emergency
Contact: _____
Primary Phone# _____ - _____ Primary Phone#
_____ - _____
Secondary Phone# _____ - _____ Secondary
Phone# _____ - _____

Family PCP: _____ PCP Phone# _____ - _____
Medical Insurance: _____ Member ID# _____

MEDICAL HISTORY

Medications: _____
Dosages: _____
How often to take: _____
Last Tetanus Shot: _____
All Know
Allergies: _____

Describe in detail the nature & severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which Icky's should be aware, and what of any action or protection is required on account there of. (specify conditions such as, but not limited to, asthma, diabetes, seizures, bleeding, clotting, injection requirements, etc. that Icky's should be aware of.)

-MEDICAL RELEASE:In the event that I or other contacts cannot be reached in any emergency during the dates specified on this form.I hereby give my permission to the Physician or Dentist selected by the Icky's leadership to secure proper intervention, x-ray examination, medical or surgical diagnosis and treatment, anesthesia, and hospitalization for my child as deemed necessary.

-LIABILITY RELEASE:Signing of this form constitutes agreement by the parent/guardian to assume & accept all risks & hazards inherent in Icky's-related programs, outing & social activities & to release Icky's Youth Center, it's Employees, Board,Agents,Volunteer Assistants,& all other persons/entities. Including other participants, from any & all liability for damages,losses or injuries to the person or property of the undersigned. The parents/Guardians understand that they are signing for them minor listed on this form and the signature is for both a medical & liability release.

-My Child has permission to attend Icky's events/activities,including, but not limited to the following list:cook-outs, sports activities,games in parks, service projects. **NOTE:** If you desire to limit your child's participation in any events/activities,Please inform Icky's in writing in advance of the event/activity.

-RULES OF BEHAVIOR EXPECTED FROM EACH CHILD:1)No alcohol,drugs,tobacco,vape permitted. 2)Participation with the group is expected. 3)Respect others,staff,adult leaders & property. 4)Respect & comply with Icky's rules.**FAILURE TO COMPLY WITH THESE EXPECTATIONS COULD RESULT IN CHILD BEING SENT HOME AT YOUR EXPENSE.**This means you as parent/Guardian(s) are required to pick up your child at any activity.

I give Chuck Wyeth permission to use photos and video/audio footage of my child for Icky's newsletter, Icky's Website, promotional flyers & social media platforms, (This allows us to promote Icky's in the community & bring awareness, We want to be sensitive with using of any footage of your child, Please do not hesitate to contact director Chuck Wyeth with any questions or concerns at chuckwyeth@hotmail.com or belenccyc@gmail.com or 505-397-4195 Initial_____

This form is a legal document that authorizes your child's participation in a wide variety of activities over the course of a one year period. Please read this form carefully & clarify any concerns with caleb before signing

Parent/Guardian(s):_____

Date:_____