

**Carver Community Center**

**Student Information-Parent Permission**

Student Last Name \_\_\_\_\_ First \_\_\_\_\_ Age \_\_\_\_\_

Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**PARENT CONTACT INFORMATION**

PARENT/LEGAL GUARDIAN LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ zip code \_\_\_\_\_

PHONE/CONTACT# \_\_\_\_\_

Parent's Permission:

I give permission for my child \_\_\_\_\_ to attend Carver Center Programs

**IMPORTANT INFORMATION**

Please provide the following information to us about your son or daughter. This information will be confidential, and only viewed by program staff directly involved in your child's participation in the program.

**HEALTH INFORMATION**

1. Does your son or daughter have any health issues we should know about? Yes \_\_\_\_\_ No \_\_\_\_\_

Health history (mark all that apply)

Asthma \_\_\_\_\_ Epilepsy \_\_\_\_\_ Diabetes \_\_\_\_\_ Cardiac (heart) \_\_\_\_\_ Sickle Cell \_\_\_\_\_

Additional medical history \_\_\_\_\_

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Allergies: **food and environmental** (please list)

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Emergency Contacts

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This program is funded by

**Carver Community Center**

1. \_\_\_\_\_ 2. \_\_\_\_\_

In case of emergency, which hospital do you prefer?

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**Pictures Help Tell Our Story**

We need permission to include your child in program/event photos/videos.

Yes \_\_\_\_\_ I give permission to have my child photographed

No \_\_\_\_\_ I prefer that my child NOT be photographed

**Field Trips**

Permission to go on field trips during the summer program. Transportation will be provided by District 150 buses.

Yes \_\_\_\_\_ I give permission for my child to go on field trips from Carver Center

No \_\_\_\_\_ My child **Does Not** have permission to go on field trips from Carver Center

Parent signature

Date

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