

Durham / Middlefield Youth & Family Services, Inc.

Date: _____

Grade child is in: _____

EMERGENCY INFORMATION SHEET

Name of child (Last) (First) Date of Birth

Street Address Town Zip Code

Home Phone Number Work Number Cell Number

Child resides with _____ Mom Dad Both (circle one)

Name of Parent/Custodian with whom child resides:

Father's (or Stepfather) first and last name: _____

Mother's (or Stepmother) first and last name: _____

Are there any legal restrictions on the release of your child? _____ If so, explain

Any health problems that the above child has that we should be aware of? _____ If so, explain

Any medications that your child is taking regularly? _____

Please take note, in case of illness, care and transportation of a child is the parents responsibility. We will try to contact a parent. Please list at least two other persons (other than those in which the child resides) who will assume responsibility in case of illness, if we can not reach you.

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Name: _____ Phone #: _____

Family Physician: _____ Phone #: _____

Family Dentist: _____ Phone #: _____

In case of serious accident/emergency or an incident which we feel should have immediate attention, do we have your permission to take your child to the Emergency Room at the nearest hospital if we are unable to reach you?

Yes _____ No _____

Parents or Custodian Signature Required:

Mother's or Stepmother's Signature: _____

Father's or Stepfather's Signature: _____

I would like to be a chaperone for upcoming events: (check here) _____

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DISCIPLINARY-WAIVER-HOLD HARMLESS FORM

This form is to be completed and signed by parent or custodian of participating child. I hereby give permission for my child _____ to attend and participate in activities held by
(print child's name)

Durham / Middlefield Youth & Family Services, Inc. (from this point forward referred to as DMYFS).

I further understand that my child will follow all the rules and regulations of the organization.

Should my child choose not to follow the rules and regulations, it will be the discretion of DMYFS as to the disciplinary action to be taken.

I understand that the following disciplinary guideline is in effect for minor infractions:

- First offense - verbal warning.
- Second offense - written warning (signed by child and counselor) and parents will be called.
- Third offense - suspended from facility and/or community service (time frame to be determined by nature of case infraction).

I _____ as parent/custodian of _____
(print parents name) (print child's name)

fully understand that accidents do happen. I hereby hold harmless DMYFS and their employees or any volunteer, should an accident or injury happen to my child. Any medical expenses resulting from accident or injury are my sole responsibility.

Parent or Custodian Signature: _____ Date: _____

Parent or Custodian (print name): _____

Witness Signature: _____ Date: _____

Witness (print name): _____