

PERMISSION SLIP-MEDICAL RELEASE for S-M Family Services After School & Teen Prevention Program located at MFC

N8605 Oak St. Bowler, WI 54416

Office #793-4085 Cell/TEXT #715-881-0776

"BLANKET" permission for summer 2017 LOCAL ACTIVITIES in Bowler or Gresham area; swimming (Mohican Park / Besaw's River, Big Lake, Beaulieu Lake, woods) Kayaking, Picnicking, Hiking, Biking

Chaperones: Family Services ASP Staff - Lai Lonnie, Monique, Linda, Kori and/or summer youth helper

Date: MUST STAY WITH YOUR GROUP AT ALL TIMES or Parents will be notified to come pick you up at our location.

Leave: ASP room

Return: Home unless youth is 13 or older and able to be at MFC unsupervised.

Dates: As Posted

----- Keep top half as your reminder. -----

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I give _____ (print name of youth) permission to participate in the above-described Mohican Family Services Program activity. I understand that my child will not be allowed to go on any trips or participate in activities sponsored by the Mohican Family Services Program unless he/she has the consent of his/her parent/guardian and a medical release.

I do not hold the Stockbridge-Munsee Community or Stockbridge-Munsee Family Services Program responsible for any injuries that may occur to my child while participating in this activity. I also give the Stockbridge-Munsee Family Services Staff/designated chaperone permission to act in my place to seek medical attention, if needed by my child as the result of participating in this activity. I also request that I be notified as soon as possible if my child is injured. My child understands and agrees to obey all Stockbridge-Munsee Family Services rules and model safe, admirable behavior.

Are there special requirements legal or otherwise that you would like to inform staff of: _____

S-M Family Services programs and events are often photographed for promotional purposes. Please inform photographer if you do not wish to be photographed.

Phone # where I can be reached during this field trip: _____

Are there Medical/Health concerns of which program personnel should be aware? (E.g. allergies, seizure disorders, diabetes). PLEASE INITIAL: _____

My child needs an inhaler yes ___ no ___

My child needs an epi pen yes ___ no ___

I have completed this form to the best of my knowledge.

In the event of sudden illness or injury, permission is granted to obtain appropriate medical care.

Parent/Guardian Signature (if participant is a minor) _____

Date _____

Participant Signature (if not a minor) _____

WAIVER OF LIABILITY

This section involves a release of your legal rights - please read carefully.

Please fill your name in ONLY one of the options listed below:

Option A

I, _____, agree to allow the Stockbridge-Munsee Community to provide transportation to and from the event for the youth named on the reverse side.

If the Community is conducting the event, I further agree to allow my child to participate in the event. _____ (initial here)

I understand that signing this form releases the Stockbridge-Munsee Community from liability for any and all accidents that may occur while the Community is transporting my child to and from the event and/or conducting this event. _____ (initial here)

OR

Option B

If you wish to provide your own transportation for the youth named on the reverse side, you may do so. The Community is not liable for children who are not transported by the Community. I, _____, agree to provide a different means of transportation for the youth other than from the Community.

If the Community is conducting the event, I agree on my or my child's behalf to allow the youth to participate in the event. I understand that signing this form releases the Stockbridge-Munsee Community from liability for any and all accidents that may occur while the Community is conducting this event. _____ (initial here)

Parent/Guardian Signature (if participant is a minor) _____

Date _____

I agree to follow the rules. _____

Participant Signature

Date _____