



2008-2009 Permission Form

To be completed by
Parent/Guardian

General Information

Student's Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

School you attend: _____ Current Grade: _____

Home Phone: _____ Cell Phone: _____

Social Security Number: _____ (required to enter prisons, for the Prison Empowerment Project)

Medical Information

Please describe any medical concerns The City School should be aware of:

Please describe any prescription medications that you take:

Please describe any allergies or dietary restrictions:

Child's doctor: _____ Doctor's phone number: _____

Health Insurance Company: _____ Insurance Policy Number: _____

If your child is uninsured, please indicate here: _____

Emergency Contact Information:

Name of closest relative or friend to contact in an emergency: _____

Contact's relationship to child: _____ Contact's Address: _____

Contact's daytime phone: _____ Contact's Evening Phone: _____

Program Details

The City School is an independent non profit organization and operates its programs at our offices at 614 Columbia Road and community locations. Our programs involve classroom and learning at community sites such as shelters, daycare centers, hotlines, health care facilities, offices, and other organizations. Recreational activities may take place at parks or area businesses such as movie theaters or restaurants. Most Youth Outreach Weekends (YOWs) include sleeping overnight at our office facility. The Prison Empowerment Project (PEP) includes visits to prison facilities. Those visits usually require additional permission forms.

(over)

Permission

I give permission for my child to attend the following program(s):

- YES NO Youth Outreach Weekends
- YES NO Prison Empowerment Project
- YES NO Rose from Concrete
- YES NO The Graduates' Program
- YES NO Summer Leadership Program

The City School may occasionally use photographs and quotes from our students for annual publications. If you have questions on this matter please call Justice Williams at The City School, at (617) 822-3075 ext.16. Thank you.

Transportation

Program participants generally travel in groups on MBTA trains and busses or in rented vans. In some instances our staff may transport students by car. In some instances it may be necessary to engage non-staff members in transporting some students.

May your child ride in a vehicle driven by licensed adults? Yes No

May your child to ride in a vehicle driven by licensed students? Yes No

Emergency Medical Treatment

Except as noted here, I believe that my child can participate successfully in activities at The City School. I understand that every effort will be made to contact me before authorization of emergency treatment is given, but in case of emergency, I hereby give permission to secure proper medical treatment for my child at the nearest appropriate hospital or health facility. I acknowledge that my child is covered by the health insurance indicated on this form, and I agree to assume responsibility for all medical expense not covered by insurance.

I have read the descriptions of The City School's programs and activities and give permission for my child, _____ to participate. I further agree to waive any and all claims against The City School, for any injuries to my child of any nature arising out of his/her participation in The City School's programs.

Signature of Parent/Guardian: _____ Date: _____

Print Parent/Guardian Name: _____

The City School
614 Columbia Rd.
Dorchester, MA 02125
www.thecityschool.org
Phone: 617-822-3075 x16
Fax: 617-822-3073
justice@thecityschool.org