

Permission and Emergency Information Sheet

Please write clearly

Child's name: first, middle initial, last

Street Address

Town and zip code home telephone

Mother's/guardian's name work telephone

Father's/guardian's name work telephone

Doctor's name telephone

Insurance Provider Policy #

Subscriber's name

Medical Information

Please state any medical conditions or allergies of which the staff should be aware (write none if there aren't any)

Behavioral Information

Please note any special recommendations/goals which would be helpful to the staff to understand:

ANDOVER YOUTH SERVICES

Town Offices, 36 Bartlet Street, Andover, MA 01810
Telephone: (978) 623-8241 Fax: (978) 623-8221

Email

M F

Sex (circle one) Birthdate

School attending Age/Grade

In the case of an emergency, who shall we contact if a parent/guardian cannot be reached? We must have TWO people to call upon.

_____ () _____

_____ () _____

Parental Signature

I, the undersigned _____ (legal relationship) of _____ ("my child"), a minor, do hereby consent to my child's participation in voluntary programs of the Town of Andover's Youth Services Division.

On behalf of myself and my child, I also agree to forever release the Town of Andover, and all of their employees, agents, officials, board members, volunteers and also any and all individuals and organizations assisting or participating in programs of the Youth Services Division ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town of Andover's voluntary programs in the Youth Services Division.

On behalf of myself and my child, I also promise, to indemnify, defend and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, arising directly or indirectly from my child's participation in the Town of Andover's voluntary programs in its Youth Services Division.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in these programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage which my child may suffer in these programs.

Signed _____ Date _____