

School Year Children's Programming

20 Sacramento Street, Cambridge MA 02138

Phone: 617.349.6287 Fax: 617.497.4388 Email: registration@agassiz.org

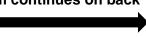
Permission Form for 2023-2024 School Year

Child's Name:	Birth Date:
First and Last	
Emergency Medical Treatment	
	rmission to administer first aid and/or CPR to my child mentioned child to the nearest hospital for medical treatment
•	e dangerous to my child's health. My preference for hospital, I understand that every effort will be
made to contact me in the event of an emergency	
Caregiver Signature:	Date:
General Permission	
	rmission to take my child,, off
•	f 20 Sacramento Street. These will be walks, and if the
program transports my child by vehicle, there will	be a separate permission.
Caregiver Signature:	Date:
Allergy/Medication Information for Caregivers To be reviewed by families requiring an inhaler, Estatement and sign below.	EpiPens and/or other medications on site. Please initial each
I understand that my child may not begin pare received.	programming until all necessary medications and paperwork
I understand that children who are prescril Pens kept on site.	ped and EpiPen for an allergy must have a minimum of 2 Epi
I understand that all medication needs to be visible.	be in its original packaging with the prescription label clearly
Caregiver Signature:	Date:
	ermission to speak with the following contacts, which will allow evelopment of my child. Please circle or check any relevant
Classroom Teacher School Psychologist Does your child have an Independent Education	
Caregiver Signature:	Date:

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Please email to registration@agassiz.org

Form continues on back



Medical/Immunization Records Acknowledgment I hereby acknowledge that my child's medical and immunization records are on file at my child's school or have been provided to the school year children's programs. Caregiver Signature: ___ Date: **Hand Sanitizer Permission** I hereby give permission for my child to use hand sanitizer under staff supervision during program hours. The program will always use soap and water for handwashing when available. Caregiver Signature: __ Date: **Media Permission** We love to capture our memories! Photos, videos, and other media are an important way to remember the fun times we've had. On occasion, the agency may also use media for marketing purposes. Yes, I authorize school year children's programs to use and/or public media of my child for commemorative and/or marketing purposes. No, I DO NOT authorize school year children's programs to use and/or public media of my child for commemorative and/or marketing purposes. Caregiver Signature: Date: **Departure Plan** My child will depart programming by: __ Caregiver Pick-Up Other Adult Pick-Up (To update your authorized pick-up list, please email registration@agassiz.org) _ Unsupervised Walk (Children 9 years and older, requires additional permission form) Other (describe): Caregiver Signature: Date: **Emergency Contacts** In the event we cannot reach you, we must have at least 2 local emergency contacts on file who are not the primary caregivers. If your account does not already have this information, or you would like to update your emergency contacts, please provide that information below. You are welcome to provide more than 2 contacts. Contact Name (First and Last) **Phone Number** Relationship to Child

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