



# School Year Children's Programming

20 Sacramento Street, Cambridge MA 02138

Phone: 617.349.6287 Fax: 617.497.4388 Email: [registration@agassiz.org](mailto:registration@agassiz.org)

## Permission Form for 2023-2024 School Year

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
*First and Last*

### Emergency Medical Treatment

I hereby give school year children's programs permission to administer first aid and/or CPR to my child \_\_\_\_\_ and/or take above mentioned child to the nearest hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health. My preference for hospital, if possible, is \_\_\_\_\_. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### General Permission

I hereby give school year children's programs permission to take my child, \_\_\_\_\_, off the premises to locations within a 1-mile radius of 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, EpiPens and/or other medications on site.* Please initial each statement and sign below.

\_\_\_\_\_ I understand that my child may not begin programming until all necessary medications and paperwork are received.

\_\_\_\_\_ I understand that children who are prescribed and EpiPen for an allergy must have a minimum of 2 Epi Pens kept on site.

\_\_\_\_\_ I understand that all medication needs to be in its original packaging with the prescription label clearly visible.

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Communication Permission

I give the school year children's programs staff permission to speak with the following contacts, which will allow us to work together for the support and positive development of my child. Please circle or check any relevant contact:

Classroom Teacher ☐ School Psychologist ☐ Behavior Consultant ☐ Other: \_\_\_\_\_

Does your child have an Independent Education Plan (IEP)? No ☐ Yes ☐

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT UPLOAD TO ASAP**

Please email to [registration@agassiz.org](mailto: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](mailto: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

**DO NOT UPLOAD TO ASAP**

Please email to [registration@agassiz.org](mailto:registration@agassiz.org)