



PARENT PERMISSION FOR TRANSPORTATION AND MEDICAL TREATMENT CONSENT FOR MINORS

(to be completed by parent/guardian)

This form will enable your child to participate in out-of-center activities and transportation services for the school year. It is our policy to contact parents in case of an emergency and the information contained on this form will help us to reach you quickly. The medical authorization will prevent delay of treatment for your child in the event that you cannot be reached in an emergency. We use the emergency facilities of Theda Clark Regional Medical Center or the nearest emergency facility for out-of-town activities.

Youth Go Transportation Permission Slip

Your child has expressed interest in attending Youth Go. Our current center hours are listed below and are subject to change based on decisions made by Neenah Joint school district.

For youth entering 5th-8th grades we will be open Monday-Thursday from 3:00pm-5:30pm and Fridays from 3:00pm-7:30pm.

For youth entering 8th-12th grades we will be open Monday-Thursday 6:00pm-9:30pm and Fridays from 3:00pm-7:30pm.

Daily programming consists of a snack or meal, homework help, and structured activities such as arts and crafts and games, or use center recreation equipment such as computers, video games, and pool tables. Youth will be supervised by professional adult youth workers.

Vans pick up at Neenah Middle School on Monday-Friday on regular school days and transport to Youth Go. The red Youth Go van will be parked in the parking lot outside door number 3.

*Neenah Middle School on designated "Open Doors" Early Release Days.

If Youth Go is closed due to inclement weather or a holiday, the vans will not be running. Please feel free to contact Youth Go staff at (920) 722-1435 with any questions or concerns.

Please see reverse side, fill out, and return to Youth Go

***I give my permission for _____ to participate in the program outlined above, and receive transportation through Youth Go. I will not hold Youth-Go, Inc., staff members or any of its representatives liable for any accident or injury. I understand that if my son/daughter violates any of the rules outlined above, I will be informed and expected to make any arrangements necessary for his/her immediate return home.

Special health problems _____

Insurance Company _____ Policy #'s _____

Family Physician _____ Phone _____

If a parent cannot be reached, contact: Name _____ Phone _____

I hereby authorize the treatment, administration of anesthesia and surgical treatment(s) for my minor child.

(Name of Child)

In the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me. This authorization extends to any hospital and both physician and nursing personnel within the hospital as well as any physician where treatment is rendered in the physician's office.

Date _____ Signature of Parent or Guardian _____ Home Phone Number _____

Email address _____ Work Phone Number _____

PHOTOGRAPHY CONSENT FORM AND RELEASE

I, (print name) _____, parent or official guardian of (child's name) _____ hereby grant permission to Youth Go and it's representatives, to take and use: video, photographs, and/or digital images of **my child** for use in:

- News and press releases
- Youth Go's Social Media pages
- Youth Go's website
- Educational Materials
- Printed and Electronic Publications
- Printed Material at the Center

I agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property Youth Go.

(Date)

(Signature of Parent or Guardian)

(Address)

(City, State, Zip)

_____ I give consent to use my child's image

_____ I wish to decline any use of my child's image in all of the above mediums.

_____ I give consent to use my child's image, but wish to decline the use of my child's image in the mediums listed below:
