** CITY KIDS WILDERNESS PROJECT APPLICATION FORM**

*DC Address: 2437 15th St NW, Washington, DC 20009 ∙ Phone: 202.525.4930*

*WY Address: 13055 S. US Hwy 191 Jackson, WY 83001 ∙ Phone: 307.739.0859*

*Fax to 1-888-317-8831 or email to callie@citykidsdc.org*

A Parent or Legal Guardian must complete this form except where indicated otherwise. Every section must be

completed and signed where indicated in order for the applicant to be considered for our program. **Unsigned forms will be rejected.** Please use ink and print clearly.

A**PPLICANT INFORMATION**

Child’s Name Program Level

Preferred Name Gender Birth Date Age

Address Apt #

City State Zip

Student Cell Phone ( ) Student E-Mail

Primary Guardian Phone ( ) Primary Guardian E-mail

Present School (2016 -2017) Grade Level Ward

**GUARDIANSHIP & EMERGENCY CONTACTS**

Please list all adults living in the same household(s) as the applicant. If there is an issue of

guardianship City Kids Wilderness Project (CKWP) should be aware of please explain below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Relationship Name Relationship

Name Relationship Name Relationship

Parent(s) or legal guardian(s): Please give your full address, place of employment, and phone numbers where you can be reached. Tell us your relationship to the applicant, such as parent, grandparents, foster parent, etc.

|  |  |  |
| --- | --- | --- |
| **Primary Guardian** | Relationship | Primary Language |
| Home address | Apt# | Home phone ( ) |
| City | State | Zip |
| Workplace |  | Work phone ( ) |
| Email |  | Cell phone ( ) |
| **Secondary Guardian** | Relationship | Primary Language |
| Home address | Apt# | Home phone ( ) |
| City | State | Zip |
| Workplace |  | Work phone ( ) |
| Email |  | Cell phone ( ) |
| **Additional contacts: In an emergency, if we are unable to reach you, who else may we contact?** | | |

**Additional contacts: In an emergency, if we are unable to reach you, who else may we contact?**

|  |  |  |
| --- | --- | --- |
| Name |  | Relationship |
| Work phone ( ) | Home phone ( ) | Cell phone ( ) |
| Name |  | Relationship |
| Work phone ( ) | Home phone ( ) | Cell phone ( ) |

In addition to the Primary Guardian listed here, is there an additional Guardian that should receive, review, and sign the waiver? If so, please list their contact information here:

What is the best way to communicate upcoming City Kid’s Trips and Events with you and your child?

In case of emergency, is there anything you would like us to know about the contact information provided? (i.e. are some numbers better at different times of day; if there are multiple guardians we should call)

Are there any specific ways you would like us to support your child this year?

**FAMILY & FINANCIAL INFORMATION**

Our program was established to serve financially disadvantaged children from the Washington, D.C.

community. Therefore, it is important that we have some information about your household income and family. This information is kept confidential and only used for reporting and statistics for fundraising efforts.

|  |  |
| --- | --- |
| Does your child qualify for free or reduced price school meals? |  Yes  No |
| Does your family receive any of the following benefits? | TANF SNAPS Other |
| How many individuals are living in your home? Minors (aged 0-17) years: Adults (18 and older): | |
| What is the employment status of adults in your household?  # of Full-time workers: # of Part-time workers: # of Disabled Adults: #of Adults in School: | |
| What is the total yearly household income, including child support before tax deductions? $ | |
| What is the total yearly noncash income (free housing, food stamps, or other support)? $ | |
| What is the highest level of education among the child’s parents?   Some high school  High school diploma  GED  Some college  Associates  Bachelors  Masters | |

**PARTICIPANT AGREEMENT**

*Assumption of Risk and Agreement of Release and Indemnity- must be read by participant and parent or guardian.*

In consideration of the activities, trips, and associated services provided by City Kids Wilderness Project, its employees, officers, volunteers, agents, trustees, contractors and all other persons or entities associated with it (collectively referred to as "City Kids"), I, the Participant in the activities described below (the “Participant”), or the parent or legal guardian of a minor Participant, acknowledge and agree as follows:

**Acknowledgment and Assumption of Risks**

I understand that City Kids has taken reasonable steps to provide appropriate equipment and suitably skilled staff for its programs so that the Participant may enjoy an activity for which the Participant may not be skilled. Nevertheless,

I acknowledge that the activities of the program have risks, including certain risks which are inherent and cannot be eliminated without changing the unique character of the activity. I understand that City Kids does not want to frighten or reduce enthusiasm for the activity, but I acknowledge that City Kids has informed me that it is important

for me to know in advance what to expect and to be informed of the activities' inherent risks. City Kids offers a wide variety of activities that may be strenuous, physically and emotionally. The inherent risks of these activities can include, without limitation, the loss of or damage to Participant’s equipment or other personal property, injury, illness, or in extreme cases, permanent physical or emotional trauma, disability or death. The following describes many of those activities and their inherent risks.

Participants in City Kids programs live, camp and travel outdoors. The activities will depend on the program but

may include some or all of the following: hiking, backpacking, skiing, snowboarding, and/or snowshoeing; camping and solo camping, including cooking over stoves, open fires or by other means; ropes and/or challenge courses, which involve strenuous activities conducted at significant heights above the ground; rock, wall or tower climbing; general sports; physical problem-solving activities; water activities including flatwater or white water boating, tubing, paddle-boarding, rafting, canoeing, or kayaking; or sea kayaking; surfing, or swimming; river crossings; bicycling; horseback riding; fishing; caving; indoor and outdoor rock climbing; vehicle travel and travel by public or chartered transportation; community and other service projects that may involve using tools, power equipment, ladders, or construction materials. City Kids participants may engage in other activities not listed above, including training workshops and afterschool program activities. The program plan or activity may be modified to include an activity not listed above for any number of reasons, including convenience, weather, emergencies, or unexpected conditions.

Travel may be by vehicle, canoe, kayak, bike, on foot and by other means, over rugged and unpredictable off-trail terrain, including without limitation boulder fields, downed timber, rivers, rapids, river crossings, high mountain passes, snow and ice, steep slopes, and slippery rocks. Attendant risks include collision, falling, capsizing, drowning, and others usually associated with such travel as well as environmental risks. Environmental risks and hazards may include, without limitation, rapidly moving, deep or cold water; insects, reptiles, and predators, including large animals; contact with poisonous plants; falling and rolling rock; lightning, avalanches, flash floods, earthquakes, falling trees; discharge of weapons in or near the area of activity; and unpredictable forces of nature, including weather which may change to extreme conditions without notice. Possible injuries and illnesses include without limitation food and water related illness, hypothermia, frostbite, high altitude illnesses, sunburn, heat exhaustion, heatstroke, dehydration, fatigue; injury to limbs and extremities, including inflammation, cuts, burns, strains, nerve damage, and broken bones; and other mild or serious conditions up to and including death. Again without limiting the foregoing, additional risks could include; equipment failure or malfunction; risks caused or complicated by any mental, physical, or emotional conditions any participant may have; inability to follow directions; being separated from other participants and leaders, physical contact with other participants or other individuals, and other natural or man-made hazards.

City Kids trips occur in remote places where rescue or medical facilities or expertise may be hours, or even days away. Communication and transportation are difficult and sometimes evacuations and medical care may be delayed. Activities may be supervised or unsupervised; in particular, Participants may spend time alone in remote areas such as on a program solo. I understand that City Kids cannot and will not provide constant and total supervision and that participants have responsibilities for their own welfare, including following directions and staying with the group. Additionally, participants may be in urban or other areas with exposure to individuals who are not under City Kids supervision or control.

Decisions are made by the staff/volunteers, contractors, and participants in a wilderness setting and are based on a variety of experiences, perceptions and evaluations which by their nature are imprecise and subject to errors in judgment. Misjudgments may pertain to, among other things, a participant’s capabilities, environment, terrain, water and weather conditions, natural hazards, routes and medical conditions. Throughout the program, participants are responsible for their own safety and for the safety of other members of their group.

I have read and I understand all of the information above, and I am aware that City Kids programs include risks of injury or death. I understand that the descriptions of these risks above is not complete and that other unknown or unanticipated risks may result in property loss, injury or death. I agree to assume responsibility for the inherent risks described above and all other inherent risks of the activity. The Participant’s participation in this activity is purely voluntary, no one is forcing Participant to participate, and Participant elects to participate in spite of and with full knowledge of the inherent risks. I acknowledge that I understand the information presented in this Agreement, that I have had the opportunity to ask any and all questions that I might have about the risks described in this Agreement.

I also acknowledge that the staff of City Kids has been available to more fully explain to me the nature and physical demands of this activity and the inherent risks, hazards, and dangers associated with this program.

**Agreements of Release and Indemnity**

I hereby release, hold harmless, and agree not to sue City Kids, its officers, directors, trustees, agents, and staff, including employees, volunteers, interns, and all other persons or entities acting under their direction (“Released Parties”), with respect to any and all claims of loss or damage to person or property by reason of injury, disability, death, or otherwise suffered by the Participant, arising in whole or part from my, or the minor Participant’s, participation in the City Kids program. I agree further to indemnify (“indemnify” meaning to defend, and pay or

reimburse, including costs and attorney’s fees) Released Parties against any claim by a member of my or the minor Participant’s family, a rescuer, another participant, or any other person, arising in whole or part from an injury or other loss suffered by me or caused by me, or suffered or caused by the minor Participant, in connection with my or the minor Participant’s participation in City Kids. These agreements of Release and Indemnity include claims of

negligence of a Released Party, but not of gross negligence or intentionally wrongful conduct. They are intended to be enforced to the fullest extent permitted by law.

The National Park Service and certain Forest Services may not allow for the assumption of risks other than the inherent risks or for the release of liability for claims of negligence. Therefore, for activities that occur on lands controlled by these agencies the assumption of risk in the above paragraph shall be enforced to the fullest extent allowable, and may be limited in certain circumstances.

**Additional Provisions**

I have verified with a physician and other medical professionals that I, or the minor Participant, have/has no past or

current physical or psychological condition that might affect participation in the program, other than as described on the health form. City Kids has the right to fully rely on this information and I hereby confirm that it is accurate.

However, if Participant’s physical, medical or psychological condition changes during the course of an activity, the

Participant will immediately alert staff. I authorize City Kids to obtain or provide evacuation transportation, emergency hospitalization, surgical or other medical care for the Participant, including routine tests and treatment. I

understand that situations may arise in which third-party medical care is not available and which require staff to

provide first aid and possibly more advance procedures, occasionally employing Wilderness First Responder or Wilderness First Aid training, as they deem necessary. I specifically hereby authorize any third-party medical care provider to exchange pertinent medical information about the Participant with City Kids or other medical personnel as necessary, and I authorize City Kids personnel to share any pertinent medical information about Participant with any such medical care provider. I confirm that I have adequate medical/dental insurance to cover Participant’s medical/dental expenses, and I further acknowledge that any medical/dental expenses not covered by my insurance shall be paid by me.

I agree, on behalf of myself and the minor Participant, to accept and abide by City Kids honor code and rules and that violating these rules and regulations could place the Participant and others in danger of injury or death. I understand that City Kids has the right to dismiss any participant that disrupts the group or violates safety rules, or may otherwise be a risk to themselves or the group. I agree to be responsible for any damage that I, or the minor Participant, may cause, including to facilities, gear, property, or other participants. City Kids is not responsible for loss, theft or damage to a participant’s personal belongings stored at City Kids facilitates. I understand that City Kids may search my, or the minor Participant’s, belongings at any time in search of prohibited or other items.

I authorize City Kids to have and use my, or the minor Participant’s, image, voice, name/and or story in any format, including video, print or electronic as City Kids may deem appropriate to carry out its mission, including the website and social media sites.

I agree that this Participant Agreement and all other aspects of my, or the minor Participant’s, relationship with City Kids, contractual or otherwise are governed by the laws of the District of Columbia or the other jurisdictions in which City Kids operates, disregarding "conflict of law rules" which might make applicable the laws of another jurisdiction. Further, any suit, mediation, or arbitration arising out of or relating to Participant’s enrollment or participation in this course or any other dispute with City Kids must be filed or entered into only in the District of Columbia.

**I, the Participant, and my parent(s) or guardian if I am a minor, have carefully read, understood and accepted the terms and conditions stated herein and acknowledge that this agreement shall be effective and binding upon myself, my heirs, assigns, personal representatives and estate and all members of my family.**

Participant Signature: Date

Parent/Guardian Signature: Date

**CAMPER QUESTIONNAIRE – To be completed by Student Only**

Complete the following statements in your own words and printing. Use ink and please be neat!

My favorite activity or thing to do is:

The accomplishment I am most proud of in the last year is:

I want to be a member of City Kids Wilderness Project and go (or return) to Wyoming because:

This year at camp, I am excited to do the following activities:

This year at camp, I am nervous about:

These are my most recent grades in

Reading\_\_\_\_\_\_\_\_ Math\_\_\_\_\_\_\_\_ Science\_\_\_\_\_\_\_\_ Social Studies\_\_\_\_\_\_\_\_

Campers, please check one answer for each of the following:

1. I feel comfortable sleeping away from home  Yes  Sometimes  I’m not sure

2. I can swim in…  Shallow water  Deep water  I don’t like to/I’m afraid to swim

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Camper Signature Date

**GENERAL HEALTH & FITNESS-** This section must be completed by a parent or guardian.

**\*\*The General Health & Fitness form must be filled out each year, and all campers must submit a physical signed by a physician at least every two years. For the physical you may provide EITHER your child’s most recent DC Universal Health Form OR a signed copy of the City Kids Health Exam Form.\*\***

**Health Insurance Information (please provide a front and back copy of the insurance card)**

Is your child covered by family medical insurance? **🞎 Yes 🞎 No**

Name of company Name of policy holder

Policy #/Member ID Company phone #

**Does your child exercise regularly? 🞎 Yes 🞎 No**

|  |  |  |
| --- | --- | --- |
| Activity | Frequency | How long? |
|  |  |  |
|  |  |  |

**How well does your child swim?** 🞎Strong 🞎 Intermediate 🞎 Beginner 🞎 Doesn’t swim

**Does your child have any allergies? 🞎 Yes 🞎 No**

|  |  |  |
| --- | --- | --- |
| Allergies | Reaction | Medication (if any) |
|  |  |  |
|  |  |  |
|  |  |  |

**Does your child currently take any medications? 🞎 Yes 🞎 No**

Include all medications your child is taking (including non-prescription or over-the-counter medication)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Medication | What is it for?  (condition/symptom) | Dosage (how much/how often) | Start date | Side effects (if any) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Has your child been hospitalized, visited the emergency room or urgent care in the last 2 years? 🞎 Yes 🞎 No**

List any hospital, emergency department, or urgent care visits

|  |  |  |
| --- | --- | --- |
| Date of visit | Reason for visit | Length of stay |
|  |  |  |
|  |  |  |

**Dietary Restrictions**

My child has food allergies 🞎 No 🞎 Yes (please list)\_

Please check any dietary restrictions that apply

My child **DOES NOT** eat 🞎 Beef 🞎 Poultry 🞎 Pork 🞎 Seafood 🞎 Eggs 🞎 Dairy 🞎 Gluten

My child is 🞎 Vegetarian 🞎 Vegan

**Has your child had a tuberculin (TB) test? 🞎 Yes 🞎 No** Date given 🞎 Positive 🞎 Negative

**Are your child’s immunizations up to date? 🞎 Yes 🞎 No**

**Please attach a copy of the your child’s latest immunization record from the doctor**

**Conditions and Symptoms (**fill in every square**)**

**Does your child currently have or have had any of these conditions in the past?**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Condition | **Y** | **N** | Condition | **Y** | **N** | Condition | **Y** | **N** |
| Vision impairment (including glasses/contact) |  |  | Frequent dizziness or fainting |  |  | PMS/menstrual problems |  |  |
| Hearing impairment |  |  | Seizure disorder/epilepsy |  |  | Shoulder problem |  |  |
| Motion sickness |  |  | Seizure in past year |  |  | Knee problem |  |  |
| Headaches/migraines |  |  | Diabetes |  |  | Elbow problem |  |  |
| Circulation problems |  |  | Hypoglycemia |  |  | Wrist/hand problem |  |  |
| High blood pressure |  |  | Cancer |  |  | Back problem |  |  |
| Heart disease |  |  | Skin problems |  |  | Neck problem |  |  |
| Heart murmur |  |  | Frostbite |  |  | Broken bones |  |  |
| Irregular heart beat |  |  | Stomach ulcers |  |  | Ankle problem |  |  |
| Family history of heart attack |  |  | Intestinal problems |  |  | Leg/hip problem |  |  |
| Unexplained chest pain/pressure |  |  | Bladder infection |  |  | Foot problem |  |  |
| Heart palpitations |  |  | Difficulty urinating |  |  | Frequent muscle cramps |  |  |
| Frequent heartburn |  |  | Kidney problems |  |  | Head injury |  |  |
| High cholesterol |  |  | Thyroid problems |  |  | Neurological impairment |  |  |
| Bleeding disorder |  |  | Endocrine problems |  |  | Physical aids/medical equipment |  |  |
| Blood disorder |  |  | Heat stroke |  |  | Bed-wetting |  |  |
| Chronic cough |  |  | Altitude problems |  |  | Recurrent lung infections |  |  |
| Asthma |  |  | Intolerance to cold/warm temperatures |  |  | Sleeping problems (including sleepwalking) |  |  |

**If you answered yes to any of the above boxes please explain below**

If you need more space please attach a separate sheet of paper (asthma plans, relevant medical records)

|  |  |
| --- | --- |
| Condition | Detailed description |
|  |  |
|  |  |
|  |  |

**Are there any other physical conditions that may limit your child’s participation in City Kids programs?**

🞎 No, my child is capable of participating fully 🞎 Yes, I have concerns about my child’s ability to participate

**Other**

**MENTAL HEALTH & PERSONAL HISTORY**

City Kids programs are physically and emotionally challenging. Therefore, some of the following questions are very personal and sensitive. It is important you answer these questions honestly and thoroughly for us to make informed decisions when you child is away from home on a City Kids program. **Please attach any additional information we should know about your child’s health and behavior**.

**Please help us get to know your child: Always Often Sometimes**

My child is comfortable sleeping away from home 🞏 🞏 🞏

My child is cooperative in school 🞏 🞏 🞏

My child is respectful of other children and adults 🞏 🞏 🞏

My child likes to be active in sports, games, or clubs 🞏 🞏 🞏

My child works hard in school 🞏 🞏 🞏

My child is helpful at home 🞏 🞏 🞏

My child is afraid of

My child enjoys

When my child is angry he/she is calmed by

When my child is sad or upset he/she is calmed by

**Is your child in counseling now or has he/she been in counseling within the last two years? 🞎 No 🞎 Yes**

If yes, when, for how long, and reason for treatment:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Has your child ever been diagnosed, counseled, or been involved with the justice system for any of the following?**

**🞎 NO** **🞎** Suicide **🞎** Eating disorder **🞎** Depression **🞎** Schizophrenia

**🞎** Anxiety **🞎** Bipolar disorder **🞎** Substance abuse **🞎** Violent behavior **🞎** Other

If yes, explain

**Has your child ever been convicted of a crime? 🞎 No 🞎 Yes**

If yes, explain

**Has your child been suspended from school in the past 12 months? 🞎 No 🞎 Yes**

If yes, please explain how many times, for how long, and for what reason:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does your child receive Special Education services in school (or have an IEP)? 🞎 No 🞎 Yes**

If yes, explain

**Is your child identified as Limited English Proficient (LEP) at school? 🞎 No 🞎 Yes**

**Does your child have intellectual or emotional conditions that may affect his or her ability to participate in our programs or our ability to manage your child’s needs? 🞎 No 🞎 Yes**

If yes, explain

**I feel good about sending my child on City Kids programs, including Wyoming** **🞎 Yes 🞎 I have concerns**

Please explain any concerns

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO BE COMPLETED BY DOCTOR ONLY- Health Exam by Licensed Medical Professional**

The City Kids Wilderness Project camp programs include backpacking, white-water rafting, canoeing, horseback riding, and other strenuous physical activities in and around remote wilderness areas with limited access to medical care. A recent physician’s exam is required of all participants. Examinations must be current within the past year. ***\*\*This form can be replaced with the DC Universal Health Certificate and any other prescribed action plans (i.e. Asthma Action Plan).***

Camper’s name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth date\_\_\_\_/\_\_\_\_/\_\_\_\_

Date of most recent exam \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please check the appropriate recommendation, based on your examination for the camper.**

The camper is fully able to participate in an outdoor adventure program in Wyoming.

🞏 Yes 🞏 No 🞏 Yes, but only with restrictions or special needs accommodations (attach recommendations).

Please provide the following measurements and answer the questions that apply to this camper.

Height \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Blood pressure \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are the above measurements within normal range for this camper? 🞏Yes 🞏No (attach explanation)

If the camper is currently under the care of a physician, please describe the condition.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What treatment is the camper currently receiving?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What medications are currently being used by the camper (name; dosage; frequency)?

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Will camper continue treatments during City Kids program? 🞏 Yes 🞏 No

Does the camper have any of the following conditions or special needs? Please check the appropriate response.

Asthma 🞏No 🞏Yes (attach prescribed plan)

Epilepsy 🞏No 🞏Yes (attach prescribed plan)

Diabetes 🞏No 🞏Yes (attach prescribed plan)

Medically prescribed dietary plan 🞏No 🞏Yes (attach prescribed plan)

Known allergies 🞏No 🞏Yes (attach prescribed plan)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Check here if you have attached additional information for health care during the school year or at camp: 🞏 Yes

**Signature of Licensed Medical Professional** : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print your name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CITY KIDS WILDERNESS PROJECT**

**Afterschool Program**

**Sign Out Permission Form**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_approve of my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s participation in the City Kids afterschool program. I have read and signed the program description and Participant Agreement included in the application, and understand that City Kids Wilderness Project will sometimes escort my child to locations other than the regular afterschool site as a part of daily activities and field excursions.

I understand am responsible for supervising and picking up my child promptly at the close of the program at 6:30pm, unless City Kids staff have previously informed me of a change in schedule, or other arrangements have been made as indicated below. I understand that City Kids staff are unavailable to supervise my child past the close of the program.

City Kids will not dismiss students to unauthorized adults, or allow them to walk or take the metro without your parental permission.

*Please check all that apply: \_\_\_\_ My child will be picked up every day by an adult*

*\_\_\_\_ My child is allowed to walk*

*\_\_\_\_ My child is allowed to take the Metro*

Other adults who may pick up or sign out my child:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is authorized to pick up my child Relationship Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is authorized to pick up my child Relationship Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is authorized to pick up my child Relationship Phone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian’s Name Email Phone Number**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature Date**





**Parental Release of Records and Information Consent Form**

In an effort to serve your child better at City Kids Wilderness Project and to ensure that the program meets your child’s needs, City Kids Wilderness Project would like your permission to obtain certain student records related to your child. Under the Family Educational Rights and Privacy Act (FERPA), City Kids and your child’s school must first obtain your consent before sharing education records.

Please indicate below whether you consent to give City Kids Wilderness Project access to your child’s demographic data, test scores, quarterly grades and, if applicable, Individualized Education Program materials. If you choose to consent to the school’s sharing of this information about your child with City Kids Wilderness Project, you may request that the school also provide you with a copy of the records disclosed. All staff members of the City Kids Wilderness Project with a right to access your child’s education records have signed confidentiality agreements regarding the privacy of your child’s education records.

\_\_\_\_\_\_\_\_\_\_ I consent to my school sharing my child’s demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with City Kids Wilderness Project for purposes of academic enrichment.

\_\_\_\_\_\_\_\_\_\_ I do not consent to my school sharing my child’s demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with City Kids Wilderness Project for purposes of academic enrichment.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Parent/Guardian’s Name Printed Child’s Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your Child’s School

