



**Parent Contact Information:**

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Relationship to Member/child: \_\_\_\_\_ Family Size: \_\_\_\_\_

Family Income: \_\_\_ 0-5,000      \_\_\_ 5,000-12,000      \_\_\_ 12,000-22,000      \_\_\_ 22,000-32,000  
                         \_\_\_ 32,000-40,000      \_\_\_ over 40,000      \_\_\_ Unknown      \_\_\_ Refused

School Lunch: \_\_\_ Free      \_\_\_ Reduced      \_\_\_ Full Price

How did you hear about the DREAM Team Program? \_\_\_\_\_

**Member Medical Information:**

**Medications:**

Name: \_\_\_\_\_ Purpose: \_\_\_\_\_

Name: \_\_\_\_\_ Purpose: \_\_\_\_\_

Name: \_\_\_\_\_ Purpose: \_\_\_\_\_

**Allergies:**

Food: \_\_\_\_\_

Plants: \_\_\_\_\_

Other: \_\_\_\_\_

**Medical Problems:**

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

**Disabilities:**

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

Can you swim? \_\_\_yes      \_\_\_no

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

**EMERGENCY TREATMENT AUTHORIZATION**

I request that \_\_\_\_\_ receive first aid whenever it is deemed necessary. In case of emergency illness or accident involving \_\_\_\_\_, the Boys and Girls Club of Carbondale or CCHS is authorized to proceed with emergency procedures. I give my permission for authorized BGCC and/or CCHS personnel to transport \_\_\_\_\_ **if I cannot be reached** to seek other emergency care if our family physician cannot be reached.

\_\_\_\_\_  
Parent or DREAM Team Member Signature  
Date

**ADMINISTRATION OF MEDICATION**

At this time, I understand that no medication will be administered to \_\_\_\_\_. No aspirin, Tylenol, cough medicine, decongestant, etc., will be given by BGCC personnel.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FIELD TRIP PERMISSION

**Member Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_

Occasionally, members of the DREAM Team are asked to participate in field trips. For proper planning, it is necessary for the Club to obtain permission. All precautions of safety and every consideration for your welfare will be carefully exercised, although the Boys and Girls Club of Carbondale assumes no liability in connection with these field trips. If you want to participate in these trips throughout the membership year, please express that desire by signing your name in the blank provided. **Notification** will be sent prior to each scheduled field trip.

\_\_\_\_\_  
DREAM Team Member Signature Date: \_\_\_\_\_

**\*\*THIS INFORMATION WILL ACCOMPANY THE STAFF LEADERS ON EACH FIELD TRIP**

**Emergency Information:**

Home Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Work Number: \_\_\_\_\_

**Emergency Contact – If you are not available:**

<u>Name</u>	<u>Relationship</u>	<u>Phone</u>	<u>Cell</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Local Physician:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Medical Problems (allergies/asthma, etc): Medical Card Number:** \_\_\_\_\_

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

**Medications:** \_\_\_\_\_

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

**Insurance Information:**

**Name:** \_\_\_\_\_

**Policy #:** \_\_\_\_\_

**Address:** \_\_\_\_\_

### OTHER PERMISSIONS

#### Publication of DREAM Team Work/Pictures

I understand the BGCC and/or CCHS may wish to publish examples of member projects, photographs of members, and other work on the internet. I also understand that at times the BGCC and/or CCHS may be visited by local news media who are interested in the members' projects or events taking place at the Club.

\_\_\_\_\_ My work can be published on the internet, news media and photographs of myself can be published.

\_\_\_\_\_ I would prefer that my work and picture not be published on the Internet, or news media.

**DREAM Team Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### Consent to Participate in Research/Surveys

I give permission to participate in survey and research interviews with the understanding that my identity and any information collected will be kept strictly confidential. I understand that the purpose of these surveys is to help the DREAM Team and the Club meets the needs of members, and to be able to report its effectiveness and progress to the funding sources and other agencies. Additionally, through the strong partnership with Southern Illinois University at Carbondale, I understand that I may be asked to participate in a research study to further benefit the youth of our community.

\_\_\_\_\_yes \_\_\_\_\_no

\_\_\_\_\_  
DREAM Team Member Signature

\_\_\_\_\_  
Date

#### Photo Permission Release

I give permission for BGCC and/or CCHS to use photographic, video and/or audio productions of me for the purpose of Public Relations, Promotions, and Advertisement of the BGCC and its programs and activities. I expect no compensation for any such use of the images and reproductions that may be used for these purposes.

\_\_\_\_\_yes \_\_\_\_\_no

\_\_\_\_\_  
DREAM Team Member Signature

\_\_\_\_\_  
Date



**BOYS & GIRLS CLUB  
OF CARBONDALE**

Parent Release of Information

As the legal parent/guardian of \_\_\_\_\_, I authorize the \_\_\_\_\_ School District and/or educational institution my child attends to release the following information to the Boys & Girls Club of Carbondale.

**Please initial all areas approved:**

- \_\_\_ Grade point averages
- \_\_\_ Report Cards
- \_\_\_ Progress reports
- \_\_\_ School attendance
- \_\_\_ Grade advancement and graduation information
- \_\_\_ Communication between school staff (teacher, principal, social worker, etc) and authorized Boys and Girls Club staff
- \_\_\_ Behavioral issues
- \_\_\_ Career Interest Inventory results
- \_\_\_ Vocational placement information
- \_\_\_ Other: \_\_\_\_\_

Photocopies of this form shall be considered a valid release for all information indicated above. The data collected from the schools is intended for several grant and Boys and Girls Club of America requirements to assist members in achieving academic success and to ensure that we are working closely with families, school and community. Current grants include: Teen REACH, 21<sup>st</sup> Century, and OJP Mentoring. Other grants: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Tina Carpenter, Program Director, BGCC

Date: \_\_\_\_\_