



RELEASE FORM FOR EMANCIPATED TEEN PARENT

I, _____, being emancipated, do agree to participate in the Adolescent Parenting Program. I understand that volunteers, approved and supervised by the Adolescent Parenting Program, may be providing guidance, companionship, and recreational activities out of the home for me.

1. Medical: Since an emergency could arise where staff members or volunteers feel that I would need to go to the hospital or elsewhere for immediate attention, I agree for staff members or volunteers to refer me for medical care if needed.

Allergies (food, drug, etc.) _____

Are you currently taking medication? Yes _____ No _____

If yes, please include a doctor's note including the type of medication, reasons, times and any other indications or side effects of the medication.

Do you have any medical problem? Yes _____ No _____

If yes, please explain _____

Please indicate name, address, and phone number of physician preferred:

2. Release of Information: I hereby grant permission for the release and sharing of information concerning me or my child from and with other agencies, public or private, as needed for program purposes only.

Yes _____ No _____

3. Photographs/Video: I hereby grant permission for the use of activity and group photographs and videotapes of me for the use of publicity in the Adolescent Parenting Program. Yes _____ No _____

4. Transportation: I hereby agree to be transported by a volunteer, APP Coordinator or an program designee for activities associated with the Adolescent Parenting Program. Yes _____ No _____

5. Release: I, the undersigned, do hereby voluntarily grant permission for an Adolescent Parenting Program volunteer to work with me. I do hereby release my volunteer and/or any official or designees of this program from any and all losses, damages, or injuries that I may sustain or incur while attending or participating in any activity with any volunteer or the above-mentioned program.

Signature of Emancipated Teen Parent

Date

APP Staff Signature

Date

In Case of Emergency, Contact:

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____