



PARENT/LEGAL GUARDIAN RELEASE FORM FOR TEEN PARENT

I, _____, have legal custody of _____ and grant my permission for her/him to participate in the Adolescent Parenting Program (APP). I understand that volunteers approved of and supervised by APP may be providing companionship, guidance, and recreational activities out of the home for my child/adolescent.

1. Medical: Since an emergency could arise where staff members feel that an individual would need to go to the hospital or elsewhere for immediate medical attention, we agree for staff members or volunteers to refer the above named adolescent for medical care if needed. Yes _____ No _____

Allergies of my child/adolescent (food, drugs, etc.) _____

Is your child/adolescent currently taking medication? Yes _____ No _____ If yes, please include a doctor's note including the type of medication, reasons, times, dosages, and any contra-indications or side effects of the drug.

Does your child/adolescent have any medical problems? Yes _____ No _____ If yes, please explain.

Please indicate preferred physician (name, address, phone number) _____

2. Release of Information: Having legal custody of the above named child/adolescent, I hereby grant my permission for the release and sharing of information with other agencies, public or private, including schools, as needed for program purposes only. Yes _____ No _____

3. Photographs/Video: I hereby grant permission for the use of activity and group photographs or video tape of the above named child/adolescent for the use of publicity of programs offered by the Adolescent Parenting Program. Yes _____ No _____

4. Transportation: I hereby grant permission for the above named child/adolescent to be transported by a volunteer, APP Coordinator or a program designee for activities associated with the Adolescent Parenting Program. Yes _____ No _____

5. Release: I do hereby release the volunteers, staff, and designees of this program from any and all losses, damages, or injuries that _____ may sustain or incur while attending or participating in any activity with the Adolescent Parenting Program.

Parent/Legal Guardian Signature

Date

APP Staff Signature

Date

In Case of Emergency, Contact:

Name: _____ Relationship: _____

Phone 1: _____ Phone 2: _____