



# 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: \_\_\_\_\_