

ADDITIONAL CONTACT/PICKUP INFORMATION

Other than parents/guardians,

my daughter/member may be released to:

Name Phone # Relation

Is there anyone she may NOT be released to _____?

She may leave the premises with parental permission _____

MEDICAL INFORMATION

Does your family have health and/or accident insurance? ___

Health Insurance Company Name: _____

Immunizations up to date? _____

Physicians Name: _____ # _____

Dentist's Name: _____ # _____

SPECIAL CONSIDERATIONS (may attach additional sheet)

Learning/Developmental Mobility
Emotional Visual Hearing
Behavioral IEP Other

Please Explain: _____

List all Allergies (including food) and list instructions for staff when an allergic reaction occurs:

Is Member Currently Taking Any Medication? _____

Please List Medications Taken At Home:

Please List Medications to Be Taken While At Girls Inc.

Time Medication is To Be Taken: _____

If any over the counter medication is to be taken while at Girls Incorporated, it must be provided to Girls Incorporated in original container with written permission. Phone calls home to receive permission to take medication provided by Girls Inc. will NOT be allowed. (Includes but is not limited to Tylenol, Advil, Midol, etc.)

*please initial

Has she EVER been under the care of a:

Counselor/Mental Health Worker Social Worker

For: _____

MEMBERSHIP FEE DETERMINATION

Total Annual Household Income:

Less than \$10,000 \$10,000 to \$15,000

\$15,001 to \$20,000 \$20,001 to \$25,000

\$25,001 to \$30,000 \$30,001 to \$35,000

\$35,001 to \$40,000 \$40,001 to \$45,000

Total # of people living in household: _____

(sisters ___ brothers ___ aunts/uncles ___ others ___)

Housing Authority Resident? ___ Nannie Locke

___ Harry Smith ___ Rolling Heights ___ PG Walker

Lunch Assistance during the past school year?

Free Lunch ___ Reduced Lunch ___ (if yes, please provide a verification letter from the Board of Education; (DCPS- 852-7000 and OPS 686-1000)

MEMBER RELEASE AUTHORIZATION

I hereby grant the following permission for Girls Incorporated to: (please initial and sign)

- take/use photos of my daughter/member for public relations and other promotional purposes;
access educational information, school records, including report cards, attendance records, etc. from schools she attends;
include my daughter/member in surveys, focus groups, evaluations and other similar activities that keep her and her responses anonymous;
provide van transportation as necessary for fieldtrips;
provide supervised walks to/from nearby fieldtrips, (swimming, schools, parks, etc.)
Utilize the Green River Health Department Nursing Staff for feedback/referral on health issues

and further more;

- I will not hold Girls Incorporated, its board, staff and/or other volunteers responsible for accident or injury during scheduled Girls Incorporated events; And furthermore, do hereby release them from any liability;
If a medical emergency should arise while my daughter/member is at Girls Incorporated and I cannot be contacted, I hereby also give the hospital and/or physicians, as selected by the C.E.O. or Manager on Duty, my permission to hospitalize, treat and to order injections, anesthesia or surgery as necessary for her.
I have fully disclosed any and all pertinent information that should be considered for the safety and well being of my child as well as any others at the center.

Parent/Guardian Signature

Date

WE ARE SO HAPPY THAT YOU HAVE CHOSEN TO JOIN THE GIRLS INCORPORATED FAMILY! ☺

FOR OFFICE USE ONLY

Copy of Parent/Daughter Handbook _____

Transportation Method _____

No Bullying Pledge _____

Girls Incorporated Rule Sheet _____

Volunteer Interest _____

Other Considerations: _____

Fee Payment Schedule/Amount: _____

Staff Initials: _____ Date _____