

**Youth Programs 2016 | Parent/Guardian Authorization Forms**

Name of Child: \_\_\_\_\_

Nickname (if applicable): \_\_\_\_\_

Child's Age & Date of Birth: \_\_\_\_\_

Term & Course Name: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

**Emergency Contact Information**

EMERGENCY CONTACT INFORMATION		
First & Last Name	Relationship	Phone Number
1.		
2.		

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**Media Consent**

**(Please circle):**

I **authorize** / **do not authorize** photography of my child or any artworks s/he produces during the course for TSA archival documentation purposes, or publication in any media for promotional or educational purposes.

X \_\_\_\_\_

SIGNED, Parent/ Guardian (PRINT & SIGN)

### Excursion Consent

I give permission for the TSA instructor and assistant to take my child off school grounds on for any supervised educational excursions, including walking trips and trips by TTC, and understand that I will be notified in advance of any such trips.

Yes  No

X \_\_\_\_\_  
SIGNED, Parent/ Guardian (PRINT & SIGN)

### Permission: Leaving Grounds/Pick-Up/Drop-Off

If my child is age 12 or older,

- I **give consent** for him/her to arrive and leave on his/her own.
- I **do not give consent** for him/her to arrive and leave on his/her own. In this case, I have listed authorized pick-up/drop-off persons below.

If my child is age 11 or younger, I understand that under no circumstances is s/he to be dropped off and left unattended, or be allowed to leave the program alone.

I authorize the following person(s), besides myself, to drop-off or pick-up my child from TSA:

PERMISSION TO PICK-UP AND DROP-OFF		
First & Last Name	Relationship	Phone Number
1.		
2.		

X \_\_\_\_\_  
SIGNED, Parent/ Guardian (PRINT & SIGN)

## Medical Release & Allergy Information

Name of Child: \_\_\_\_\_

### EMERGENCY RELEASE:

In case of an emergency, I authorize TSA to seek medical attention, and for the physician in the emergency department or other first responders to medically treat my child. Every effort will be made to contact the parent(s)/caregiver(s) in this event.

Yes  No

Doctor's Name & Phone: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

### ALLERGY INFORMATION:

My child has a life-threatening allergy to the following substances:

\_\_\_\_\_

My child will react to the above-listed substances upon:

\_\_\_\_ Inhalation    \_\_\_\_ Contact    \_\_\_\_ Ingestion

\_\_\_\_ Yes, my child carries an EpiPen and it is located: \_\_\_\_\_

\_\_\_\_\_

### EPIPEN CONSENT:

In the event of an allergic reaction, I give permission for TSA staff to assist my child in administering their personal EpiPen.

Yes  No

Please list any detailed information about your child's allergy, including known symptoms specific to your child: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### MEDICATION CONSENT:

If applicable, I consent to the following other medication to be given, with specific instructions (use back if needed):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

X \_\_\_\_\_

SIGNED, Parent/ Guardian (PRINT & SIGN) - *applies to any/all sections on this page.*

\_\_\_\_\_

