



MissionSAFE

Where hope thrives...

18 John Eliot Square, Roxbury MA 02119

P.O. Box 201060 Roxbury MA 02120

P.O. Box 290799 Charlestown MA 02129

www.missionsafe.org

DATE:

2017-2018 Permission Slip

_____ Youth's Name	_____ Email Address	_____ Date of Birth
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_____ Name of School	_____ School I.D.#	_____ Grade/Year	_____ Mobile
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I hereby give my child permission to participate in MissionSAFE and all its activities, field trips and interactions with participating institutions, agencies, volunteers, mentors and organizations.

I authorize MissionSAFE, its staff and/or volunteers, to seek appropriate medical care and/or counseling for my child if he/she should become ill, be in crisis, have need or an emergency, and to intervene on his/her behalf, including receiving relevant information, in situations involving police, court, DYS, DCF, or other officials.

I give permission for MissionSAFE to monitor my child's school grades and progress, including talking to teachers/counselors and accessing report cards, progress reports, in order to make its tutoring more effective during the school year. I give permission for MissionSAFE to take and use photographs, audio and video footage for program, publicity or fundraising purposes.

I also agree to hold harmless MissionSAFE, its staff, officers, assigns, and volunteers, and any and all individuals, organizations, agencies, or institutions giving space, hosting, transporting, working with, or participating with MissionSAFE in programs and activities in the event of illness, accident, injury or death of my child while coming to, participating in, or leaving from MissionSAFE programs.

_____ Signature of Parent/Guardian or Youth Aged 18+	_____ Print Name of Parent/Guardian
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_____ Address	_____ Telephone
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Emergency Contact (Other than Parent) _____

_____ Address	_____ Telephone
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Allergies: _____

Other Medical Conditions _____

Special Instructions: _____

_____ Insurance:	_____ Name of Doctor:	_____ Phone:
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_____ Name of Health Clinic/Hospital:	_____ Department:
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