

**Division of Prevention and Behavioral Health Services**

**K-5 Early Intervention Program**

**Summer Programming Consent Form**

(Including Field Trip, Transportation and Photography)

Early Intervention summer programs provide elementary students and their families with educational and recreational interventions with the goal of improving students' behavior skills when they return to school for the new year. Students will have the opportunity to apply new behavioral skills in group settings during scheduled field trips.

I hereby give consent for my child to participate in the 2016 Early Intervention Summer Program. I give consent to The Department of Services for Children Youth and Their Families (DSCYF), Division of Prevention and Behavioral Health Services (DPBHS), Early Intervention Unit to transport my child in a state vehicle to:

Location(s) \_\_\_\_\_ on the following date(s): \_\_\_\_\_.

Student's Name: (first and last) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Notes about my child (medication, allergies, etc.)

Emergency Contact Name: \_\_\_\_\_ Emergency Contact # \_\_\_\_\_

- ☐ I have received advance notice and understand the nature of the field trips, dates, times, and location(s). I understand that if I want additional information about the field trip than provided I can ask my child's Family Crisis Therapist (FCT).
- ☐ I consent to allow DSCYF to take photographs and videos of my child for use in summer program activities and DSCYF/PBHS Early Intervention Program/school materials. (I understand that my child will not be identified by name.)
- ☐ If a medical emergency arises, and I or my identified emergency contact cannot be contacted, I give my permission for the FCT to seek appropriate medical intervention.
- ☐ I understand that the FCT cannot dispense medications. If medication is needed I will participate in the activity and dispense the medication directly to my child.
- ☐ I hereby release DSCYF/DPBHS, its employees, agents and volunteers from any and all liability claims, demands, causes of action and possible causes of action what so ever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to and from this event.
- ☐ I certify that I am the parent or legal guardian of the participant named above. I have read or have had read to this form and understand the purpose of this consent. I agree and consent to all of the above stated.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Family Crisis Therapist

\_\_\_\_\_  
Date