



Student Information Form

Child's Name: \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does your child have any special needs? Yes / No

Or Allergies? Yes / No

Please explain including symptoms and medications:

**Photo/Video Authorization:** I give The Way Youth Center permission to photograph or film my child for use in its displays, brochures, flyers, or website.

Yes / No

**Medical Authorization:** I give The Way Youth Center permission to secure emergency medical and/or emergency surgical treatment for the above-named minor child while in their care. I also give authorization for any representative of the provider mentioned above to have discretionary judgment in securing non-emergency medical treatment for my child, in the event that neither parent nor any other mentioned emergency contact can be reached within an allotted period of time. I give permission to The Way Youth Center to seek medical attention for my child in the event of an emergency if I cannot be reached and to hold harmless and release The Way Youth Center's staff from all liability. I further agree to keep the Youth Center informed of changes in telephone number, etc., where I can be reached

Yes / No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_