Fort Drum Middle School & Teen Program Permission Slip

Permission For Activity:		Youth Center (waiver) Bus Pick – Up & Drop Off		
Date, Time, Cost, and other info:		` -	on to and from the Youth Center) (pick up: 1:15pm – 6:15pm – 6:30pm) ONLY Adirondacks	
			Permission slips due prior to pick up	
All Staff and participants well adhere to the following terms:				
<u>Initial</u>	Initial Parent/Legal Guardian Please read and initial each box.			
1. Youth will be under the supervision of Youth Services staff, chaperones or unaccompanied sub-group.		aff, chaperones or unaccompanied sub-group.		
2. We reserves the right to have this of		nave this document reviewed b	is document reviewed before granting permission to participate in this activity.	
3. In the event that a youth causes personnel inju		causes personnel injury or prop	perty damage, the parent/legal guardian will be responsible for all associated costs.	
	4. Youth taken into custody by Civilian or Military Police will be retrieved by the parent/guardian, at his or her own expense.			
5. All participants are prohibited from prohibited or unlawful activities. Including but not limited to the below list:				
1. Possession or use of weapons, alcoholic beverages or illegal drugs, or other illegal items.				
	2. Fighting, disruptive or abusive language or behavior directed to a staff member, youth participant, or event staff.			
	3. Any other illegal acts not stated above.			
	6. Any violations of the programs rules will be reported to the parents, Military Police and/or Command as appropriate.			
Yo	gal guardian. uth(s) information:	Name: Home Phone:	Please Print	
Known Disabilities:		Known Allergies	s: Require Meds:	
Emergency contact person:		: Name:		
		Home Phone:		
		Work Phone:		
I parent/legal guardian of the above youth(s), authorize any, and all medical dental, and hospital care and treatment either preventive or corrective, including major surgery, deemed necessary by a licensed physician or dentist for the health and well-being of my youth(s). By my signature below I give consent to the above stated activity, its terms and conditions.				
Print Name Parent/Legal Guardian		1	Signature Parent/Legal Guardian Date:	