



PARENT CONSENT FORM

B.U.G. Program

462 Elk St.
Buffalo, New York 14210

PARENT OR GUARDIAN: Please complete *all* parts of this parental consent form FOR EACH CHILD.

PART I – Child Information

Name of Participant _____

First

Last

Age _____

Male _____ Female _____ Date of Birth _____ / _____ / _____

Address _____

Street

Apt. #

Zip Code

Parent / Guardian Name _____

Parent / Guardian Primary Phone _____

PART II – PARENTAL CONSENT and APPROVED PICK UP

Yes, I agree that I am the parent/ guardian of my child, _____ and that he/she can attend B.U.G. Program. I understand that B.U.G. Program is from 1:00-4:00pm on Mondays and Wednesdays starting July 8th and ending August 2nd. I also understand that adequate adult supervision will be provided. I further agree to indemnify and save harmless the staff, coordinators, teachers, aides and any other related individuals or claimants from any and all claims, suits and liabilities for injury to the property or the person of my child while he/she is engaged in B.U.G. Program activities.

I understand that my child will be walked from the Seneca Babcock Community Center and must remain at the B.U.G. Program location unless picked up by a pre-approved individual. I also understand that my child will be walked back to the Community Center after the program. I give permission for my child to go on planned off-site field trips and understand that it is my responsibility to inform myself of the details of these trips.

Name(s) of approved individuals: (Please provide at least 1 emergency contact) Note: Photo identification must also be provided for each individual who picks up children from B.U.G. Program.

1. _____/Relationship to child _____

Allowed to pick up child Yes___ No___

Emergency contact Yes__ No__

Phone _____

2. _____/Relationship to child _____

Allowed to pick up child Yes___ No___

Emergency contact Yes__ No__

Phone _____

PART III – MEDICAL INFORMATION

Please complete either A or B.

A. To the best of my knowledge, my child _____ is free from any medical problems or allergies which could cause difficulty at B.U.G. Program.

OR

B. My child _____ has a medical problem or allergy as outlined below, which might cause a problem at B.U.G. Program. I hereby direct the staff and volunteers to handle the problem in accordance with my written directions in case of emergency.

(1) Problem

(2) Directions

PART IV – EMERGENCY

In the event of an emergency requiring medical treatment, I give my permission for the staff of and volunteers to administer needed treatment as deemed necessary. The doctor or hospital has my permission for _____ to be treated as deemed necessary.

PART V – PHOTO DISCLAIMER (circle one)

During B.U.G., pictures/video may sometimes be taken. I give permission for photos/video to be taken of my child. I give permission for pictures of my child to be used for Christians United for Buffalo, Inc./ Steps Ministries / Promise Valley purposes in newsletters, website, social media sites etc.

Signed (PARENT OR GUARDIAN) _____ Date _____