

Girls Grantmaking Program

PARTICIPATION PERMISSION AND EMERGENCY CONSENT FORM

Please have your parent or guardian complete this form if you are under the age of eighteen, unless you are legally independent from your parent or guardian.

(Young Woman's Last Name) (First Name)

(Parent/Guardian's Last Name) (First Name)

(Street Address) (City/State/Zip)

(Parent/Guardian's Daytime Phone Number) (Parent/Guardian's Evening Phone Number)

(Parent/Guardian's E-mail Address(es)) (Parent/Guardian's cell phone)

1. I give _____ my permission to participate in the program. In exchange for allowing her to participate, I agree, on her behalf and mine, to hold harmless the foundation and its representatives from any liability to her, myself or her family for any injury and/or loss of property relating to her participation or her transportation to or from events relating to her participation, whether or not caused by the negligence of the foundation.

2. In the event of illness or injury to _____ in connection with her participation in the program. I ask the foundation to arrange for any emergency medical care which they think is appropriate. As her guardian, I give my permission to any employee of or member of the Board of Directors of the foundation to exercise my right to consent to such emergency medical treatment. My permission is valid only when she is in the care of the foundation, and does not surrender any of my other rights to the foundation. I understand that if time permits, the foundation will attempt to contact me, but that it can arrange for emergency medical care if I cannot be reached.

3. I give the foundation permission to make available to other girls and her parents (please check all that apply):

___ **My daughter's contact information**

___ **My preferred contact information**

4. ___ We would like to be added to the foundations contact list to stay informed of related information.

(Parent/Guardian's Signature) (Date)
(If member is at least 18 years old, she can sign)

EMERGENCY AND MEDICAL INFORMATION FORM
(Confidential – For Use by the foundation Only)

Instructions: Please complete this form thoroughly and have your parent or guardian sign at the end of the form.

General Information (please print)

Your Name: _____ Age: _____

Home Address: _____
(Number & Street) (City) (State) (Zip)

Home Phone (_____) _____ Birthdate: _____

Family Physician's Name: _____

Address: _____ Phone (_____) _____
(Number & Street) (City) (State)

Names of **two** people to be notified in case of emergency:

Name: _____ Phone (_____) _____

Address: _____

Relationship: _____ Business Phone: (_____) _____

Email Address: _____

Name: _____ Phone (_____) _____

Address: _____

Relationship: _____ Business Phone: (_____) _____

Email Address: _____

Health History: Check if these apply to you/your child

- _____ Rheumatic Fever
- _____ Asthma
- _____ Epilepsy
- _____ Convulsions
- _____ Diabetes
- _____ Other _____

Allergies to:

- _____ Aspirin
- _____ Penicillin
- _____ Bee Sting
- _____ Other drugs (list) _____
- _____ Food (list) _____

Precautions to take: _____

Medications

Drug	Purpose	Dosage
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature Participant's Parent/Guardian

Date

RELEASE TO ALLOW USE OF PHOTOGRAPH/IMAGES

As parent/legal guardian of, _____,

(Print Her Full Name Here)

the foundation has my permission to disclose any photographs taken during her involvement in the program. I understand that her photograph might be used on the foundation's website, in any press, on foundation publications and electronic communications.

___ **Photo only, name withheld**

___ **Photo along with name and town**

Parent/Guardian Signature:

Date: _____

**RELEASE TO ALLOW DISCUSSION
AND INTERACTION WITH THE MEDIA**

As parent/legal guardian, _____ has my
(Print Her Full Name Here)

permission to discuss her experiences and involvement in the program to publicize the work of the foundation, and/or her individual accomplishments with the media upon request or prior approval by the President. I understand that this information might be used in print, web, video, or audio tape. I also understand if the girl named above does not want to participate in discussions with the media that she has the option to decline.

Parent/Guidance Signature:

(If the member is at least 18 years of age, she can sign)

Date: _____