





I give my permission for this information to be submitted to The Children's Trust of Alachua County for program quality and evaluation purposes. The Children's Trust provides funding for the program.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

**AUTHORIZATION FOR PHOTOGRAPHY/VIDEO**

I hereby:

- consent and authorize**
- do not consent and authorize**

the staff of The Children's Trust of Alachua County and/or its funded service providers to take/use still photographs, digital photographs, motion pictures, television transmissions and/or videotaped recordings (hereinafter "Recordings") of me, my children, or my wards for educational, research, documentary, and public relations purposes.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

**FOR STAFF USE ONLY (MUST BE COMPLETED)**

ORGANIZATION \_\_\_\_\_ SITE \_\_\_\_\_

Grades Served:  K to 8th     9th to 12th

Scholarship Enrollment Criteria

- Child from family at or below 200% 2020 federal poverty threshold     Child with Individualized Educational Plan (IEP)
- Child from family receiving SNAP benefits     Child from family between 200% - 400% 2020 federal poverty level.



**Permission and Release**

Emergency contact name: \_\_\_\_\_ Contact number:(\_\_\_\_\_) \_\_\_\_\_  
*(SHANDS @ UF will be used for medical emergencies unless otherwise directed by parent/guardian.)*

**Emergency Information:**

Doctor's Name \_\_\_\_\_ Phone No. (\_\_\_\_\_) \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy No. \_\_\_\_\_

**MEDICAL TREATMENT RELEASE:** In the event of an accident or illness, Greater Duval Neighborhood Association (GDNA) and/or its employees or officers have my permission to secure medical attention for my child, if they are unable to contact me immediately. Any attending physician(s) has my consent to administer all emergency medical measures which he or she deem necessary for the well-being of my child.

X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_

Do your child need any assistance to access the building yes \_\_\_ no \_\_\_ if yes  
explain \_\_\_\_\_  
\_\_\_\_\_

Does your child have any medical problems we should be aware of (i.e. allergies, medication needed etc.)?  
yes \_\_\_ no \_\_\_ If yes explain  
\_\_\_\_\_  
\_\_\_\_\_

*Our mission is to create opportunities for youth in the neighborhood to increase their chance for success.*

***I \_\_\_\_\_ understand GDNA is a non-profit organization dedicated to the education of young children in Gainesville and Alachua County. As a non-profit organization, GDNA will provide the Summer Sling program in a safe and secure environment. It is understood that reasonable precautions will be taken by those persons in charge to prevent accidents or injuries; I also understand that if my child must follow all rules set forth by the Summer Sling policy rules as outlined in the program description you receive. As parent, or legal guardian, I remain fully responsible for any legal responsibility that may result from any personal actions taken by my child.***

**I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND ITS CONTENTS. I AFFIRM THAT I AM AT LEAST 18 YEARS OF AGE.**

X \_\_\_\_\_ Date \_\_\_\_\_ X \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Parent or Legal Guardian Date Signature of Parent or Legal Guardian Date



In anticipation of taking enriching field trips, we are asking you to sign this general field trip permission form below. This blanket permission form will suffice as your permission for all daily local field trips in the Gainesville area and the surrounding area during the 2021 GDNA Summer Sling.

For any field trips overnight you will receive individual and specific field trip permission forms to complete and return to GDNA.

It is understood that reasonable precautions will be taken by those persons in charge to prevent accidents or injuries, but neither those in charge nor those bringing groups shall be held responsible in case of accident or injury. ***I also understand that if my child violates any of the rules set for the field trip that I may be called to pick up the child. As parent, or legal guardian, I remain fully responsible for any legal liability that may result from any personal actions taken by my child.***

I grant permission for the GDNA to use the emergency numbers and medical Insurance info above if I cannot be reached.

**Responsibility of Laptop(s)**

**My child will be assigned a laptop to attend Our Sessions for the Summer Sling. I, the Parent Signing, will be held fully responsible and will pay for any repairs for any damage, destruction or replacement if lost or stolen while in my/my child's possession. At the end of the session the laptop will be returned, or I will replace if not in my possession.**

***By signing below, I acknowledge I understand the statements above and wish for my child to participate in the Summer Sling program at no cost.***

**Participants Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**GDNA Rep. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_