

## Parental Consent and Health History for Teen Programs and Center under the age of 18 (without parents in attendance)

*The intent of this information is to provide Project Imo staff and emergency personnel with background to provide appropriate care. We strive to protect the privacy of the participant. This form is not applicable to adventure-based programs in which your child is enrolled as a participant. Sick children should remain at home. There is no refund for sickness or absenteeism. If the guardian did not complete this form, it is understood that the person who brings the child has been approved by the guardian and may also pick up the child. **Please complete both sides of this form.***

**Youth Name** \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender Identity \_\_\_\_\_  
Legal Guardian #1 \_\_\_\_\_ Guardian #2 \_\_\_\_\_  
Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (other) \_\_\_\_\_

### Legal Guardian or Parent completing this form:

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

### Communications:

Project Imo, Inc. staff may correspond electronically with your child and you from official Project Imo accounts and/or channels predetermined and agreed upon in writing. Such channels include but are not limited to Zoom, Webex, Outschool, and telephones. Project Imo, Inc. staff will not connect with your child via social media outlets (exceptions made for pre-existing relationships/parental consent), although you and your child are welcome to connect with and follow Project Imo and staff on official Project Imo accounts and public groups.

Please list your child's email you would like our staff to use: \_\_\_\_\_

Please list your email so we can copy you on all communications: \_\_\_\_\_

Always feel free to communicate questions or concerns to our staff. Your child's safety, well-being, and success are our highest priority. If you would like to add/remove communications channels, please email [teamimo@projectimo.org](mailto:teamimo@projectimo.org) or your child's project manager.

If you would like a third party notified about your child's progress or performance (e.g., school, work supervisor) as part of a for-credit academic or similar program, please let us know.

**▲ Proceed to page 2 and complete the *Legal Guardian/Parent Waiver and Authorization* health history form as much as you are able. Only you will be allowed to pick up this child unless the guardian gives written approval of others.**



**LEGAL GUARDIAN/PARENT WAIVER AND AUTHORIZATION (cross outs are only allowed on item 3 'Photo Release')**

**1. Outdoor programs:** Some youth programs may occur outdoors, and the participant may be exposed to sun, ticks and insects. Some ticks may transmit disease after being attached for over 36 hours and it is my responsibility as guardian of a minor to do a thorough body check and remove any ticks that may become attached. Project Imo staff may offer insect repellent and/or sunscreen as options for your youth. Signing below acknowledges that if you do not wish them to use these products, you must specifically list that in "Program Activity Limitations" in the Health History on page 3.

**2. Expectations/Non-acceptance/Dismissal/Refunds:** I understand the participant must follow stated behavior expectations and safety rules and that Project Imo reserves the right to decline to accept an application and to dismiss a participant from program activities with no monetary recourse on my part. I understand and agree to the refund policy set for this program and that I am responsible for full payment of fees.

**3. Photo release:** I hereby give permission to Project Imo to use photographs, slides, or videos of the person herein described to be used for publicity purposes, public relations, promotional materials, and/or newsletters. Program participant names will not be put on photo captions without a separate waiver from the guardian. Project Imo honors youth requests for privacy. The youth will also be asked for their permission to use their likeness.

**4. Health History:** The health history given on page 3 is correct as far as I know, and the child herein described above has permission to engage in all program activities unless I have noted any limitations on page 3. I hereby give permission to Project Imo staff to provide routine first aid, seek medical treatment for the child named above, and to arrange any related emergency transportation for the child named above, for which charges I agree be held responsible.

**5. In case of an emergency,** appropriate efforts will be made to contact the guardian. In the event that we cannot be reached, I hereby give permission for the medical personnel selected by Project Imo staff to secure and administer treatment, including hospitalization, ordering and administering medications and anesthesia, and performing X-rays, special procedures, or surgery, if deemed medically necessary for the child named above, for which charges I agree be held responsible.

**6. Pick up:** Project Imo requires photo identification for all people picking up a program participant who does not have parental permission to leave the program/premises on their own (see other possible means below). If an authorized party does not have a photo identification matching the information on this form, they will not be allowed to pick up your child. I hereby authorize the following people to pick-up my child,

Name/s \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name/s \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name/s \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name/s \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Other possible means of dismissal (walk, bike, taxi, ride service): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***I, the legal guardian/parent of the person described herein, have read, understood and agree to the above.***

Signature \_\_\_\_\_ Printed name \_\_\_\_\_ Date \_\_\_\_\_

▲ Proceed to page 3 and complete the **Health History** form as much as you are able.



### Health History

Youth Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ Gender Identity \_\_\_\_\_

Legal Guardian #1 \_\_\_\_\_ Guardian #2 \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cell) \_\_\_\_\_ (other) \_\_\_\_\_

#### Legal Guardian or Parent completing this form:

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**Does the youth listed above have any health problem or limiting physical disabilities or handicaps (temporary or permanent) that may affect their ability to participate in the program being offered by Project Imo, Inc.?**

Yes  No  If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Does the youth have any allergies, including food allergies?** Yes  No

**Reactions to medications?** Yes  No

**Any medical limitations?** Yes  No

If yes to any part of this question, please explain \_\_\_\_\_

\_\_\_\_\_

**Is the youth currently taking any medications?** Yes  No

If yes, please list what medication is being taken and what condition it is for: \_\_\_\_\_

**Does the youth have permission to take their own medication?** Yes  No

**Note. Project Imo staff do not administer medication. The purpose of these questions is to provide responders with critical information in the event of an emergency in accordance with the WAIVER AND AUTHORIZATION on page 2.**

\_\_\_\_\_

**Are there any program activity limitations for your child?** Yes  No

If yes, please clearly list the activities in which your child may NOT participate:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### Please provide the following contact information in case of emergency

Person to Notify \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Secondary Phone \_\_\_\_\_