



Outback Summer Program

20 Sacramento Street, Cambridge MA 02138

Phone: 617.349.6287 Fax: 857.336.0017 Email: registration@agassiz.org

Permission Form for 2024 Outback Summer Program

Child's Name: _____ **Birth Date:** _____
First and Last

Emergency Medical Treatment

I hereby give Outback Summer Program permission to administer first aid and/or CPR to my child _____ and/or take above mentioned child to the nearest hospital for medical treatment when I cannot be reached or when delay would be dangerous to my child's health. My preference for hospital, if possible, is _____. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child.

Caregiver Signature: _____ **Date:** _____

General Permission

I hereby give Outback Summer Program permission to take my child, _____, off the premises to locations within a 1-mile radius of 20 Sacramento Street. These will be walks, and if the program transports my child by vehicle, there will be a separate permission.

Caregiver Signature: _____ **Date:** _____

Allergy/Medication Information for Caregivers

To be reviewed by families requiring an inhaler, EpiPens and/or other medications on site. Please initial each statement and sign below.

_____ I understand that my child may not begin programming until all necessary medications and paperwork are received.

_____ I understand that children who are prescribed and EpiPen for an allergy must have a minimum of 2 Epi Pens kept on site.

_____ I understand that all medication needs to be in its original packaging with the prescription label clearly visible.

Caregiver Signature: _____ **Date:** _____

Sunscreen Permission

I hereby give permission for Outback staff to apply sunscreen to my child, _____, during program hours and on field trips. (Please provide your own sunscreen).

Caregiver Signature: _____ **Date:** _____

DO NOT UPLOAD TO ASAP

Please email to registration@agassiz.org

Form continues on back



Hand Sanitizer Permission

I hereby give permission for my child to use hand sanitizer under staff supervision during program hours. The program will always use soap and water for handwashing when available.

Caregiver Signature: _____ Date: _____

Media Permission

We love to capture our memories! Photos, videos, and other media are an important way to remember the fun times we've had. On occasion, the agency may also use media for marketing purposes.

_____ **Yes**, I authorize school year children's programs to use and/or public media of my child for commemorative and/or marketing purposes.

_____ **No**, I DO NOT authorize school year children's programs to use and/or public media of my child for commemorative and/or marketing purposes.

Caregiver Signature: _____ Date: _____

Departure/Transportation Plan

Check all that apply

My child will arrive at Outback by:

_____ Caregiver Drop Off

_____ Other Adult Drop Off

_____ Unsupervised Walk (Children 9 years and older, requires additional permission form)

_____ Other (describe): _____

My child will depart Outback by:

_____ Caregiver Pick-Up

_____ Other Adult Pick-Up (To update your authorized pick-up list, please email registration@agassiz.org)

_____ Unsupervised Walk (Children 9 years and older, requires additional permission form)

_____ Other (describe): _____

Caregiver Signature: _____ Date: _____

Emergency Contacts

In the event we cannot reach you, we must have at least 2 local emergency contacts on file who are not the primary caregivers. If your account does not already have this information, or you would like to update your emergency contacts, please provide that information below. You are welcome to provide more than 2 contacts.

Contact Name (First and Last)	Phone Number	Relationship to Child

DO NOT UPLOAD TO ASAP

Please email to registration@agassiz.org