







# Health Information

**91. Please check any box that applies to your child:**

	YES	NO
Allergies to food (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
Allergies to medicine (please specify) :	<input type="checkbox"/>	<input type="checkbox"/>
Allergies Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Behavioral/Emotional issues	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Device (glasses, hearing aid, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Individualized Education Plan	<input type="checkbox"/>	<input type="checkbox"/>
Physical Disabilities	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify):	<input type="checkbox"/>	<input type="checkbox"/>

Children who have special health care needs are those who have chronic physical, developmental, behavioral, or emotional conditions expected to last 12 months or more and who also require health and related services of a type beyond that are required by children generally. If your child does have special health care needs please discuss these with your child care provider.

Please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**92.** Does your child have special health care needs that require treatment and/or medication?  YES  NO

Please explain: \_\_\_\_\_  
 \_\_\_\_\_

**93.** Does your child take medication for any condition or illness?  YES  NO

Please explain: \_\_\_\_\_  
 \_\_\_\_\_

**94.** Are there any activities your child cannot participate in?  YES  NO (if yes, please specify)

Please explain: \_\_\_\_\_  
 \_\_\_\_\_

**CERTIFICATION STATEMENT**

I, the undersigned, certify that all information on this form is true and correct. I understand that my statements are subject to verification. I agree and accept that I will abide by all applicable rules and regulations of this program. I consent to the enrollment and participation of the child listed above in this program.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Intake Officer Signature \_\_\_\_\_ Date \_\_\_\_\_

**DYCD EMERGENCY MEDICAL CARE** (To be completed by the parent or guardian)

**Student's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**1. If my child requires emergency medical care and I cannot be reached, I give my consent to the above after-school program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the emergency medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.**

**2. Following emergency medical care, my child may be released to the following people:**

Name:	_____	Relationship to Child:	_____
Address:	_____	Employer:	_____
Home Phone:	_____	Work Phone:	_____

Name:	_____	Relationship to Child:	_____
Address:	_____	Employer:	_____
Home Phone:	_____	Work Phone:	_____

Name:	_____	Relationship to Child:	_____
Address:	_____	Employer:	_____
Home Phone:	_____	Work Phone:	_____

**3. Health/Insurance Information:**

Student's Doctor:	_____	Insurance Company:	_____
Phone:	_____	Policy Holder's ID:	_____
Allergies:	_____	Religious Preference: (optional)	_____
Last Tetanus:	_____	Medication(s) being taken:	_____
Address (student's doctor):	_____		

**Additional Comments:** \_\_\_\_\_

**4. I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in this after-school program.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Rhinelanders Children's Center  
Saturday Program for Deaf and Hard of Hearing  
Children and Teens**

**Parent Consent to Participate in the Evaluation of the  
Out of School Time After-School Program**

Dear Parent,

Your child, \_\_\_\_\_, is enrolled in the Saturday Program at Rhinelanders, which is supported by Department of Youth and Community Development (DYCD). In order to monitor the effectiveness of the after school program and ensure its future success, DYCD is conducting an ongoing evaluation. It is the intention of the evaluation to learn how these services help students and how they can be improved in order to meet the grant requirements.

Specifically we ask permission from parents to:

- Contact their children's school and obtain records showing their progress, including information about enrollment, grades, citywide and statewide test scores, and attendance.
- Talk to teachers and after-school staff about children's progress and participation in the after-school program, and review program records on participation in the after-school program.
- Survey and/or interview parents and children about the after-school program and its effects.

**Any information we collect will be used only to assess the after-school program and will not be made public. Participating in the evaluation will not affect your child in school, in the after-school program, or in any other way. We will not use your name or your child's name in any report.** At the end of the evaluation, we will destroy all records that include personal information. Participation in the study is completely voluntary and participants may withdraw at any time with no consequences.

Please select one of the options below and return this form to the program coordinator/director.

*YES, I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE. I have read the above information and I give permission for my child to participate in the evaluation of the after-school program. I also consent for DYCD to obtain my child's records and to interview program and school staff for evaluation purposes.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the above information and I DO NOT give permission for my child to participate in the evaluation of the after-school program.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If you have any questions about the evaluation contact the after school site coordinator.

**Rhinelanders Children's Center**  
**Saturday Program for Deaf and Hard of Hearing**  
**Children and Teens**

**PHOTO/VIDEO/INTERVIEW CONSENT** (To be completed by the parent or guardian)

I certify that I am the parent or legal guardian of \_\_\_\_\_,  
whose date of birth is \_\_\_\_\_. name of child  
month/day/year

I understand that this after-school program features special events both in-school and away from school. Media representatives, newspaper and television reporters, photographers, and public-relations personnel may be present at these special events to record them. In some cases they may interview and/or photograph children who participate in these events. These photographs, videos, and interviews will only be used to promote this after-school program.

I give permission for my child to be photographed or otherwise recorded during after-school events and activities, and for any and all such photographs to be displayed by The Rhinelanders Children's Center Saturday Program for Deaf and Hard of Hearing Children and Teens or The Department of Youth and Community Development in any medium (books, newsletters, web sites, etc.), whether now or hereafter known or developed.

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SIGNATURE OF PARENT OR GUARDIAN

DATE

If you do not wish for your child to participate in the activities described above, please review this section of this form.

**I DO NOT** give permission for my child to be photographed or otherwise recorded during after-school events and activities. As a result, my child may not be able to participate in these events and activities.

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SIGNATURE OF PARENT OR GUARDIAN

DATE



The Children's Aid Society

**Rhinelander Children's Center**

350 East 88<sup>th</sup> Street-New York, NY 10128  
Phone: (212) 876-0500 Fax: (212) 876-9718  
[www.rhinelandercenter.org](http://www.rhinelandercenter.org)

**Email: DeafSatProgram@aol.com**

SATURDAY PROGRAM FOR DEAF  
& HARD OF HEARING CHILDREN & TEENS

**PROGRAM DATES 2009-2010**

SEPTEMBER 12<sup>th</sup> & 19<sup>th</sup>

OCTOBER 3<sup>rd</sup> & 24<sup>th</sup>

NOVEMBER 7<sup>th</sup> & 21<sup>st</sup>

DECEMBER 5<sup>th</sup> & 19<sup>th</sup>

JANUARY 9<sup>th</sup> & 23<sup>rd</sup>

FEBRUARY 6<sup>th</sup> & 27<sup>th</sup>

MARCH 6<sup>th</sup> & 20<sup>th</sup>

APRIL 10<sup>th</sup> & 24<sup>th</sup>

MAY 8<sup>th</sup> & 22<sup>nd</sup>

JUNE 5<sup>th</sup> & 19<sup>th</sup>

**PROGRAM TIMES**

10:00-3:00 PM

CHILDREN IN GROUPS 1, 2, & 3 **MUST**  
ALWAYS BRING LUNCH

TEENS IN THE TEEN GROUP ARE  
ENCOURAGED TO ALWAYS BRING LUNCH  
FROM HOME OR MONEY TO BUY LUNCH.  
LUNCH FROM HOME ON TRIP DAYS IS  
**MANDATORY!**

**PICK-UP IS AT 3:00 PM PROMPTLY!**