



TEEN REACH ENROLLMENT FORM

Start Date: _____

Termination Date: _____

**Each participant must have a completed enrollment form on file.*

School Attending: _____ Grade Level: _____ Sp.Ed: No Yes

Participants: _____ Date of Birth: _____

Address: _____ City/ZIP: _____

Home Phone: _____ Alternate Phone: _____

Gender: F M Primary Language: English Spanish Other

Ethnicity

- Hispanic/Latino
- Non-Hispanic/Non-Latino

Race

- American Indian/Alaskan Native
- Black/African American
- Asian
- Native Hawaiian/Other Pacific Islander
- White

Parent/Guardian Name: _____

Place of Employment: _____

Phone 1: _____ Phone 2: _____

Other Parent/Guardian Name: _____

Place of Employment: _____

Phone 1: _____ Phone 2: _____ Cell Phone #: _____

Emergency Contact (other than parent/guardian): _____ Phone: _____

My child has permission to leave the program unattended (Walk, ride, bike, etc.) No Yes

Initials: _____

These individuals **ARE** authorized to pick up the participant:

Name: _____ Relationship: _____

Name: _____ Relationship: _____

These individuals are **NOT** authorized to pick up the participant:

Name: _____ Relationship: _____

Name: _____ Relationship: _____



Initials:	<p>Consent for Participation:</p> <ul style="list-style-type: none"> ✿ My child has permission to participate in the Teen REACH program. I understand that the goals of the program are to improve academic performance and to reduce harmful risk-taking behaviors. ✿ My child's artwork and creative writing may be displayed or published by program staff to promote the program. ✿ My child may be transported to activities held off-site during program hours. ✿ My child may use the Internet under the supervision of program staff, tutors, or mentors. ✿ My child may work with a tutor or mentor during program hours.
Initials:	<p>Release of Information: As the legal parent/guardian, I authorize the School District and/or the educational institute my child attends to release the following information to this Teen REACH site:</p> <ul style="list-style-type: none"> ✿ Informal progress reports ✿ Quarterly grade reports ✿ Program participation (attendance, behavior, progress) ✿ School participation (attendance, behavior, Individual Education Plan, promotion/retention, achievement test scores)
Initials:	<p>Field Trips: I understand that the Teen REACH program will be planning some field trips throughout the course of my child's participation. I will allow my child to go on field trips with the Teen REACH program, and its staff. My child and I fully understand that all Teen REACH rules apply, even on trips. I also understand that all field trips will also have another, more detailed, permission slip, providing information concerning the exact logistics of each trip.</p>
Initials:	<p>Photography / Videography Release: As the legal parent/guardian, I authorize the Illinois Department of Human Services and the local Teen REACH program operators to photograph and/or video tape my child for means of publication purposes. Photos might be used in various brochures and publications describing and promoting the program in a positive way. In no way will the photos be used in any illegal misrepresentation of my child.</p>
Initials:	<p>Outcome Measurement Consent: I give permission to the Illinois Department of Human Services and its designees to collect and record data on my child, this data gathering may include, but is not restricted to the following:</p> <ul style="list-style-type: none"> ✿ Surveys and/or interviews about his/her knowledge, attitudes, skills, and behaviors in regards to risk-taking behaviors and habits, education and educational resources, positive relationships, career choices, connection to community, and overall satisfaction with the Teen REACH program. ✿ Academic and school department data from report cards and other school reports. <p>I understand that the purpose of these surveys and interviews is to document the impact of the Teen REACH program on its participants, and to identify areas for improvement. I also understand that this information will remain private, and that only my child's site director and assigned research assistants will be able to look at his/her responses.</p> <p>I understand that my child's responses will be automatically grouped together with the responses of other Teen REACH sites for any public presentations of their finding, and that my child will not be individually linked to his/her responses. In addition, I understand that I can take back my permission at any time, and that my permission automatically stops when the child leaves the Teen REACH program</p>



Initials: **Medical Information:** I understand that program staff will contact me if my child becomes ill or requires medical treatment while attending the Teen REACH program. I understand that it is my responsibility to pick up my child as soon as possible if s/he is vomiting, has diarrhea, has a high fever, or displays symptoms of a contagious condition.

No Yes **Allergies:**
Does patient require an Epinephrine Pen? No Yes – Additional Form Required

No Yes **Asthma:**
Does patient require an Inhaler? No Yes – Additional Form Required

No Yes **Diabetes / Seizures / Other :**

I understand that unless noted above, program staff may administer **topical sunscreens, insect repellants, and/or ointments** to my child as needed. Teen REACH does not administer other medications.

Initials: **Medical Release:** I understand that Teen REACH also includes physical sports and recreational activities. My child has the following restrictions on his/her physical activity:

Initials: **Consent for Medical Treatment:** In the event that I or other contact persons cannot be reached during an emergency, I give permission for program staff to seek medical treatment for my child. Medical treatment may be administered by:

My preferred physician or other licensed physician: _____ Phone: _____

In an Emergency, my child may be transferred to any hospital reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

***Medication your child takes that Emergency Personnel would need to be aware of:**

Initials: **Liability Statement:** The County Health Department, the County, and their employees will be held harmless for any loss, damage, or injury to my child's person or property that may result from participation in the Teen REACH program. I will not hold the County Health Department or the Teen REACH Program liable before or after child attends program.

Initials: **Mandated Reporting:** I understand that the County Health Department Teen REACH program staff are mandated reporters of suspected child abuse and/or neglect per the Child Abuse and Neglect Reporting Act of 1975, those adults working with children and youth under the age of 18 years old having reasonable cause to believe a child known to them in their professional or official capacity may be abused or neglected will immediately report or cause a report to be made to the Illinois Department of Children and Family Services' (DCFS).

My signature confirms that I grant my permission for the child listed to attend, participate, and travel, as documented by my initials in the preceding paragraphs and verified by my signature below.

Parent/Guardian Signature

Relationship

Date

Family Services (Check all that apply) DCFS Free Lunch Reduced Lunch TANF WIC

Parents are always welcome at the Teen REACH program



Additional Comments/Concerns:

A large, empty rectangular box with a purple border, intended for providing additional comments or concerns.