



# KIDZONE 2009-2010 WAIVERS

Please check the appropriate box for each item, then sign, date & return.

Child/Children: \_\_\_\_\_

\_\_\_\_\_

## Medical Information

Allergy Information (Child's name & allergy type): \_\_\_\_\_

Medical Conditions (Child's name & condition): \_\_\_\_\_

Insurance Provider / Policy Number: \_\_\_\_\_

I give my permission to the KidZone supervisors and staff, Hannahville Youth Services staff, and Nah Tah Wahsh School to secure emergency medical and/or surgical treatment for the above named child/children while in their care.

YES  NO

1) The KidZone program may publish **photographs of my child/children**, which may or may not be accompanied by his/her first name.

YES  NO

2) The KidZone Program may display and/or publish **my child/children's projects or work**, which may or may not be accompanied by his/her first name. The project or work will remain my child/children's property and will not be used for commercial purposes.

YES  NO

3) The KidZone program utilizes the Internet for some of its lessons and activities. My child/children will have supervised and filtered **Internet access** for instructional purposes. Students are prohibited from accessing e-mail and chat lines.

YES  NO

4) The KidZone program will be **testing students** using *Measures of Academic Progress (MAP)* from Northwest Evaluation Association. These tests are computer based & the results help us plan our academic activities according to high-need areas.

YES  NO

5) The KidZone program has permission for my child to **participate in field trips** less than 30 miles from the Youth Center. Specific permission slips will be sent home for field trips further than 30 miles.

YES  NO

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

Date \_\_\_\_\_