



OFFICE USE ONLY	
Received by	
Date Received	
Interviewed	
Date Started	
Allergies	Y / N
Photo Consent	Y / N
Custody Flag	Y / N
# HH Kids in PCK	
Primary Contact	
Relationship to kids	

Payson Community Kids Inc.

Permission, Release and Medical Consent Form - Fall 2024-Spring 2025

Child's Name: _____ Date of Birth: _____ Age: _____ Grade: _____ Sex: _____

Additional siblings 18 or younger in household: No Yes

Parent/Guardian Name: _____ Relationship to Child: _____

Child's Clothing Info:

Shirt Size: _____ Pants (JEANS) size: _____ Shoe size: _____

Parent/Guardian Address: _____

Parent/Guardian Contact info:

Cell Phone: _____ Text ok? Yes / No Work Phone: _____ Home Phone: _____

Email: _____

Parent/Guardian Primary Language: (check one): English Spanish Other (*specify*): _____

Permission & Release of Liability

I, _____ (print full name of parent/guardian) being the parent or legal guardian of the above-listed minor child give my permission and consent for said child to participate in the activities of Payson Community Kids, Inc. (the "Organization"), both on the Organization's premises and elsewhere. I authorize my child to be transported to and from activities in a vehicle driven by someone other than his or her own parent or legal guardian. I understand that all reasonable safety precautions will be taken by the leaders of the activities and that the possibility of an unforeseen hazard does exist. In consideration of the opportunity given to my child to participate in the activities of the Organization, I release the Organization, its directors, officers, agents, employees, staff and volunteers from any and all liability of any kind whatsoever for any loss or injury to my child arising from my child's participation in Organization activities. I further agree to indemnify, defend and hold harmless the Organization, its officers, agents, employees, staff and volunteers from any and all claims, demands or causes of action which are in any way connected with my child's participation in Organization activities.

My child may participate in PCK community field trips (by bus) during PCK hours:

Yes _____ No _____

Consent to Medical Treatment

I, _____ (name of parent/guardian) being the parent or legal guardian of the above-listed minor child/children consent to any x-ray, anesthetic, medical, surgical or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader to make decisions necessary for treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctor, dentists and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical or hospital care or treatment that is given to my child.

Primary Physician Name: _____ Phone Number: _____

Health Insurance Carrier: _____ Policy Number: _____

Medication, Allergies and special information:

Child's Name: _____ Date of Birth: _____

Current Medications: _____

Allergies: _____

**** If your child has food allergies we appreciate you providing their appropriate snacks &/or meals. We will store them and dispense during regular PCK snack and meal times. We do our best but do not always have the appropriate foods. Each child is different so we want to work together.**

Special Medical Instructions:

If your child is injured during PCK hours we will administer appropriate first aid care. If the injury is severe or needs more than a band-aid or ice pack, if a fever is present (99.6 or above) or they are unable to actively participate in regular PCK activities you will be notified for pick up.

I understand and agree that this permission, release and consent shall remain in effect until revoked in writing, and I understand and agree that it is my responsibility to update my child's medical and insurance information on an annual basis.

By my signature below, I acknowledge that I have read and fully agree to the terms of this **Permission, Release and Medical Consent Form** and that it is my intention to execute a complete and unconditional release of all liability to the full extent of the law.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian printed name: _____

Payson Community Kids Inc.,

Emergency Contact and Pick-Up Authorization Form (Only 1 per family is needed)

Regular program hours are Monday – Thursday, afterschool until 5:30pm. Your child must be picked up **by 5:30pm**. Failure to do so could result in suspension from program.

Child's Name: _____

Additional siblings attending PCK (First and Last Names): N/A (1) _____

(2) _____ (3) _____ (4) _____

Emergency Contact Information If we are unable to reach YOU at the phone numbers provided on page 1.

Second Contact Complete Name: _____

Relationship: _____ Phone Number: _____

Third Contact Complete Name: _____

Relationship: _____ Phone Number: _____

Pick-Up Authorization

Is there any other person permitted to pick up your children **other than listed on the emergency contact information**? Yes _____ No _____ If yes, please provide information below.

Name: _____

Relationship: _____ Phone Number: _____

Name: _____

Relationship: _____ Phone Number: _____

Name: _____

Relationship: _____ Phone Number: _____

I have a specific person (or people) that cannot pick up or interact with my child(ren) __Yes__ No

******If Yes, please notify the office and provide documentation and photo.******

- **My child(ren) has/have permission to walk home.** _____ yes _____ no

Walkers are released approx. 5:15 each day. Please call the office @ 928-478-7160 if your need changes.

Payson Community Kids Inc.,

Photograph Consent

Child's Name:

Additional siblings attending PCK (First and Last Names): N/A (1) _____

(2) _____ (3) _____ (4) _____

I hereby consent to and authorize the taking of photographs and the use and reproduction, in print or electronic format by Payson Community Kids, Inc. (the "Organization") or anyone authorized by the Organization, of any and all photographs which have been taken of me and/or my child(ren) for any purpose, including but not limited to, promotional, publicity or fund raising purposes, without compensation. I release the Organization, the photographer, their directors, officers, employees, agents, and designees from liability for violation of any personal or proprietary right I may have in connection with such use. All images, electronic, negatives and positives, together with the prints, are owned by the Organization.

I hereby acknowledge that I have read and understood the terms of this consent. This agreement has no expiration unless permission is revoked in writing.

My Child(ren) **CAN NOT** have their photo taken and used for the above-mentioned purposes.

My Child(ren) **CAN** have their photo taken and used for the above-mentioned purposes.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Payson Community Kids Inc.,

Behavior Agreement (each child must sign, additional copies available upon request)

Child's Name: _____

*All children from ages six years to eighteen years of age are welcome to attend Payson Community Kids' After School program.

*Parents are invited and encouraged to participate.

***Each child who attends PCK and their parents must read and sign the following behavior policy within the first week of PCK.**

All children who attend must follow the behavior policy and all rules of the program and be respectful of the staff. If the child is not respectful, has violated the behavior policy or broken any rules, they are subject to suspension or expulsion from the program and its benefits.

POSITIVE REINFORCEMENT

PCK Cash is part of our Positive Reinforcement program. Each child will have several opportunities daily to earn "PCK Kids cash". "Cash" is given for participation, completing homework, sharing, cleaning up, etc....The "cash" can be spent at our PCK store for a variety of things. Toys, gifts, candy.... Store is open at least once per month and as needed.

UNACCEPTABLE BEHAVIOR

- Refusing to follow PCK rules as directed by instructors or staff.
- Leaving PCK buildings or grounds during sessions without proper permission.
- Inappropriate use of electronic devices. (Cellphones will be taken if out, needs to be in back pack)
- Participating in or encouraging physical violence or aggression against another individual.
- Participating in or encouraging others to participate in acts that bully, threaten, put down, exclude, or verbally abuse other individuals.
- Use of inappropriate or disrespectful language, including threatening to harm another person.
- Persuading a student into committing an act that risks harm or embarrassment in order for that student to be included in group or activity.
- Purposely damaging PCK property or purposely damaging another person's property.
- Taking, or having possession of, another person's property without their permission.
- Adding or attempting to add foreign substances to food or beverages.
- Use or possession of any tobacco products.
- Bringing, accessing, or discussing material that is considered inappropriate for the program, i.e. material intended for adults.

CONSEQUENCES

Unacceptable behavior will result in consequences to the participant. Consequences may include:

- 1. Early release from PCK
- 2. Suspension from PCK
- 3. Restitution or repayment of damages
- 4. Denial of future participation in PCK programs.

NOTE: Any conduct deemed inappropriate by staff will be viewed as a violation and appropriate action will be taken. If an infraction occurs, the staff in charge will provide appropriate communication to parents/guardians.

(A copy for your records of the above Behavior Agreement is available upon request)

By signing below the parent hereby agrees to the required behavior policy and rules, acknowledges that his or her child may be suspended or expelled from the program if the child is not respectful, violates the behavior policy or breaks any rules and agrees to discuss the behavior policy and rules with their child.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Student must complete below:

By signing this agreement, I _____ agree to follow the behavior policy and all rules set forth by Payson Community Kids Inc., and acknowledge, if I do not, I may be suspended or expelled from the program and its benefits.

Student Signature

Date

Family Information (2 Pages) Information required for us to receive snacks!
(INCLUDE ALL CHILDREN 18 and younger IN HOME PLEASE)

Primary Parent/Guardian Last Name: _____ First Name: _____

1) Child's Name & Age (listed on Page 1 of this form: _____)

Ethnicity: Are they Hispanic/Latino?

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Choose only one NO, not Hispanic/Latino YES, Hispanic/Latino

Race: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

***Additional sections for additional children in household:**

2) Child's Name & Age/grade: _____

Ethnicity: Are they Hispanic/Latino?

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Choose only one NO, not Hispanic/Latino YES, Hispanic/Latino

Race: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

3) Child's Name & Age/grade: _____

Ethnicity: Are they Hispanic/Latino?

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Choose only one NO, not Hispanic/Latino YES, Hispanic/Latino

Race: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

4) Child's Name & Age/grade: _____

Ethnicity: Are they Hispanic/Latino?

(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race) Choose only one NO, not Hispanic/Latino YES, Hispanic/Latino

Race: American Indian or Alaska Native Asian Black or African American
 Native Hawaiian or other Pacific Islander White

*Please check **all that apply**

Single Parent ___ Receives State Assistance Food Stamps ___ Receives State Medical ___
Unemployment___ Disability___ Child receives: free lunch ___ Reduced lunch ___
Child lives with a guardian other than natural parent___ Lives in shelter / temporary housing ___

Number of people living in home _____ Adults _____ Children _____

Household needs: We receive lots of calls regarding appliances, furniture, clothing, etc... we turn several donations down since we don't have storage. If we know what you need we can take it in and give you a call. Even if you don't have a need now, please give us a call and update us if/when you do need something. We are happy to help!

If you can help in any way: PCK is always in need of volunteers for a variety of needs, or perhaps you have an excess of something that another family is in need of, or perhaps you are just really good at something and can share that gift with PCK in some way. Please list your talent or area where you can potentially help, here:

Please share the impact that PCK enrollment for your child(ren), would have on you/your family:

Dinner is served between 4:30 pm - 4:45 pm every day. Will your child be here for dinner? Check all that apply:

Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____

_____ My child will **NOT** eat at PCK

Notes: _____

Thank you. All information remains confidential.
*It is your responsibility to notify PCK immediately
If there are **any** changes to the above information.*