**DOCUMENTATION & AUTHORIZATION RELEASE**

**MY CHILD’S MEDICAL INFORMATION**

Please give clear instructions in the event of a medical episode or reaction.

**Does your child have any allergies or intolerances?**

**Does your child have special needs?**

**Is your child on medication?**

**What medications?**

**Do you have a student health insurance plan?**

**Are there any restraining or custody orders that we need to be aware of?**

**Other health or medical information (e.g., physical or emotional disabilities, medical conditions, allergies or intolerances, medical equipment or treatments, medication or special needs, allergies, or special information that we need to know):**

**Does your child have access to an electronic device (tablet, computer, etc.)?**

**Does your child have internet access?**

**What is your child’s preferred name?**

**What are your child’s preferred pronouns?**

**Program Information and Registration 2020-2021**

**Creating Community for Kids and Families**

**Completely KIDS**

**Program Information**

**Creating Community for Kids and Families**

**Completely KIDS**

2566 St. Mary’s Avenue

Omaha, NE • 68105

402-397-5809 • completelykids.org
<table>
<thead>
<tr>
<th>Household Type</th>
<th>Estimated Annual Family Income (select one)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Single Parent</td>
<td>$0-$14,999, $15,000-$24,999, $25,000-$34,999, $35,000-$49,999, Under $15,000</td>
</tr>
<tr>
<td>Other Parents</td>
<td>$50,000-$74,999, $75,000 and over</td>
</tr>
<tr>
<td>Co-Parent</td>
<td>TANF, Other Services Currently Received (select all that apply)</td>
</tr>
</tbody>
</table>

**RELEASE OF LIABILITY AND CONSENT TO PARTICIPATION**

I give permission for my child(ren) to participate in all the program activities including but not limited to: academic assistance and recreational programs, off-site events and/or field trips, transportation to and from all events whether private or agency provided, all programs which Completely KIDS™ deems vital to the safety, academic and personal life skill development of my child.

**CONSISTENT ATTENDANCE & APPROPRIATE BEHAVIOR**

I understand that my child(ren)’s participation in Completely KIDS is voluntary and his/her success depends on consistent attendance and adherence to behavior guidelines, as set forth in the Parent and Student Handbook, a copy of which I have received. I understand that my child may be removed for attendance or behavior issues.

**SURVEYS**

I understand my child(ren) may be surveyed from time to time about his/her feelings and experiences in the program and his/her life experience.

**RELEASE OF RECORDS**

I understand my child(ren)’s student records will be requested for the purpose of providing educational support, assistance, progress and improvement to evaluate the impact of the program and to obtain continued program funding.

**INJURY OR LOSS OF PROPERTY**

I understand the inherent risk of injury or loss of property associated with participation in this program and release Completely KIDS and the Omaha Public School District and all program partner agencies and their employees from any claims made by or on behalf of my child or family.

**MEDICAL INFORMATION AND EMERGENCIES**

I give Completely KIDS and its representatives permission to secure treatment in the event of an emergency resulting from illness or injury. I understand that if a medical emergency arises, the program staff will take all steps necessary to ensure the safety of my child(ren) and will call a public emergency vehicle for transport to the nearest emergency facility if necessary. I also understand that I am responsible for any transportation charges and medical expense incurred.

I understand it is my responsibility to notify the Program Coordinator of any specific medical needs of my child(ren). It is also my responsibility to inform the Program Coordinator of all medications that my child(ren) may be taking and to provide the medication. I understand my child(ren) will be responsible for administering his/her own medication at program. The Program Coordinator has no responsibility in administering medication, except in the event of an emergency when the parent has authorized the Program Coordinator to do so, and trained the Coordinator and one additional staff person on how to administer the medication. Over-the-counter medication will not be distributed by program staff.

**PUBLICATION CONSENT**

From time to time, Completely KIDS, and approved partners, may take photographs, recordings (video and audio) and written statements of the participants and families in our programs. We may use these images and testimonial advertisements in our agency marketing materials to include, but not be limited to: website and social media publications, annual reports, brochures, direct mail campaigns, billboards and other marketing materials. We may also create video or other recordings for educational or other promotional use. If you do not wish for your child(ren) to be photographed, please indicate as such on the registration form.

Otherwise, you hereby grant to Completely KIDS, and approved partners, the full and exclusive right to photograph and/or record (video and audio) any or all of your child(ren)’s statements, actions, performances or attendance at programs or events conducted or sponsored by Completely KIDS, to reproduce such photographs and recordings or any part of them by any method, and to distribute, publish or display such photographs and recordings, or license others to do so. In so doing, the undersigned waives any and all rights which he or she may have to be compensated for said photographs or recordings as well as waives any claims and demands which he or she may otherwise have in regard to such use.