

Emergency Contact and Medical Information for a Child

Child's Name

Date of Birth

M F
Gender

Parent's/Guardian's Name

Parent's/Guardian's Name

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, State, ZIP Code

City, Sate, ZIP Code

Alternative Emergency Contacts

Primary Emergency Contact

Secondary Emergency Contact

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

City, State, ZIP Code

City, State, ZIP Code

Medical Information, Emergency Medical Care Authorization & Participation Consent

Hospital/Clinic Preference

Physician's Name

Phone Number

Insurance Company

Policy Number

Allergies/Special Health Considerations

I hereby grant my authorization and consent for any adult chaperone or employee of the LDF Tribe or LDF Youth Center (hereinafter referred to as a "Designated Adult") to administer general first aid treatment for any minor injuries or illnesses experienced by the above-named minor child. If the injury or illness is life threatening or the said minor child requires emergency treatment and a parent or legal guardian of the child cannot be reached, I authorize a Designated Adult to summon any and all professional emergency personnel to attend, transport, and treat the minor child and to issue consent for any X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, dentist, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur. I agree to assume financial responsibility for all expenses of such care. It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of a Designated Adult in the exercise of his or her best judgment upon the advice of any such medical or emergency personnel. I agree to hold the

Continued on reverse side

Designated Adult, the LDF Tribe and the LDF Youth Center harmless from any and all liability, and/or expense associated, directly or indirectly, with medical care provided in accordance with the foregoing provisions.

Parent/Guardian Signature _____ Date _____

I give permission for the child named on the reverse side of this form to participate in activities at the LDF Youth Center, including but not limited to programs, classes and presentations conducted, arranged or sponsored by any Tribal department or entity, and to go on field trips and participate in LDF Youth Center functions held elsewhere on the Reservation. I understand that the said child's participation in such activities and events may reveal that the child may be in need of a referral to appropriate services and I consent to the making of any such referral. I release the LDF Tribe and the LDF Youth Center and all of their respective employees, representatives and volunteers from liability in case of accident or incident during activities related to the LDF Youth Center, as long as normal safety procedures have been followed.

Parent/Guardian Signature _____ Date _____

Permission for Media Recording

I, the undersigned, do hereby grant or deny permission to the LDF Youth Center to photograph, record and/or use the image of the child named on the reverse portion of this form, as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that may include, but shall not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the LDF Youth Center website.

☐ Deny permission to use my child's image at all.

☐ Grant permission to use my child's image in the following ways (mark all that apply):

- ☐ Limited usage: I want my child's image used within the LDF Youth Center setting only (not in the larger community).
- ☐ Limited usage: I want my child's image used for educational materials only (not marketing). This could be either within LDF Youth Center or in the larger community. One example of this could be videos in parent education classes.
- ☐ Limited usage: I want my child's image used on printed materials only (no digital or video use).
- ☐ Unrestricted usage: I give unrestricted permission for my child's image to be used in print, video, and digital media. I agree that these images may be used by LDF Youth Center for any legal purpose and that these images may be used without notice to me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/Guardian Signature: _____ Date: _____

FRC Therapist Acknowledgment and Consent

I understand that the LDF Youth Center has a Mental Health Therapist from the Family Resource Center on site during select days of the week. By signing below I agree that the child named on the reverse side of this form may talk with this therapist if he or she wishes to, for purposes such as, but not limited to, conflict resolution or Talking Circle. I understand that the information shared with the therapist will be kept confidential, with the exceptions of suicidal or homicidal threats and abuse/neglect information. I further understand that if the therapist believes there is an identified need for ongoing counseling, I will be contacted by the Family Resource Center regarding further intake and evaluations. I may also reach out to the Family Resource Center for ongoing counseling for the child if I so desire.

Parent/Guardian Signature: _____ Date: _____

If you have questions, please contact the Lac du Flambeau Youth Center at: 715-588-7656. Thank You.