

# MissionSAFE

Where hope thrives...



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[www.missionsafe.org](http://www.missionsafe.org)

Grid4Good

Active

## Permission Slip

DATE	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Last Name	First Name	eMail	Date of Birth	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School Name	<input type="text"/>	School ID	Grade/Year	Mobile
	Gender		RaceEthnic	

I hereby give my child permission to participate in MissionSAFE and Safe City Dorchester at MissionSAFE (SCD) and all their activities, field trips, interactions with participating institutions, agencies, volunteers, mentors and organizations. If not in school, please leave those lines blank. If you are over 18, you may sign your own form and fill out emergency and medical information.

I authorize MissionSAFE, its staff and/or volunteers, to seek appropriate medical care and/or counseling for my child if he/she should become ill, be in crisis, have need or an emergency, and to intervene on his/her behalf, including receiving relevant information, in situations involving police, court, DYS, DCF, or other officials.

I give permission for MissionSAFE to monitor my child's school grades and progress, including talking to teachers/counselors and accessing report cards, progress reports, in order to make its tutoring and support more effective during the school year. I give permission for MissionSAFE and SCD to take and use photographs, audio and video footage for program, publicity or fundraising purposes.

I also agree to hold harmless MissionSAFE and all its programs, including SCD; its staff, officers, assigns, volunteers, and any and all individuals, organizations, agencies, or institutions giving space, hosting, transporting, working with, or participating with MissionSAFE in programs and activities in the event of illness, accident, injury or death of my child while coming to, participating in, or leaving from MissionSAFE programs.

Signature of Parent/Guardian or Youth Aged 18+

Print Name of Parent/Guardian

Address:  Zip Code:  H Phone:

Emergency Contact (Other than Parent/Guardian)

E Contactr St:  E Contact City:  E Contact Ph

Allergies

Other Medical Conditions

Special Instructions

Insurance  Name of Doctor  DocPhone

Health Clinic  Department