

Student Emergency Information
Yes! And... Collaborative Arts

Name of Student: _____ Date of Birth: _____

Address: _____

Parent/Guardian Name(s) _____

Parent/Guardian Address: _____
(if different from student)

Phone Numbers: _____

Person to whom child may be released: (please note if student walks home)

Name	Relationship	Primary phone #	Secondary Phone #

In Case of Emergency, the following people may be contacted:
(if different than above)

Name	Relationship	Primary Phone #	Secondary Phone #

Does your child have any allergies? ___ Yes ___ No
If yes, please explain:

Does your child have any medical conditions/health concerns that would interfere with their full participation in Yes!
And...s program activities? ___ Yes ___ No
If yes, please explain:

Does your child have any other medical conditions that staff should be aware of? _____ Yes _____ No
If yes, please explain:

I confirm that the above information is correct and complete to the fullest of my knowledge.
Initial _____

In the case of minor injury or accident, I give Yes! And... Collaborative Arts Staff/volunteers permission to administer minor first aid to my child.
Initial _____

In the case of emergency I give Yes! And... Collaborative Arts Staff permission to contact the proper emergency authorities (ambulance, fire department, police, etc.) without prior consent of a parent/guardian.
Initial _____

I acknowledge that in the case of emergency, my child will not be transported to an emergency facility by a Yes! And... Staff person. In such a case, my child will be transported only by Professional Emergency Response persons.
Initial _____

In the case of emergency, minor injury or accident, I acknowledge that persons of Yes! And... Collaborative Arts Staff will not be held liable, if in such cases, they act to the best of their ability and in the best interest of the child, as determined by State and Federal Law.
Initial _____

I acknowledge that in the event that my child is responsible for the destruction of property belonging to the Hosting Site Community, Yes! And... Collaborative Arts, staff persons, or other students, I shall be held liable for the total cost incurred in the replacement and/or repair of that property.
Initial _____

Parent/Guardian Signature

Date

Media Release Consent Form

I do hereby give permission for _____
to appear in any media coverage approved by Yes! And... Collaborative Arts. Such media may include, but is not limited to, promotional publications (i.e. brochures, newsletters, program literature, promotional video, etc.), the Yes! And... Collaborative Arts Website and Photo Galleries, and written and/or televised press releases. Also Yes! And... Collaborative Arts staff has the authority to determine appropriate requests for photographic, written and video documentation of the above named individual during the time of their participation in Yes! And... Collaborative Arts Programming.

Signed (parent/guardian if participant is less than 18 years old)

Date

Consent to Participate in Program Evaluation

Introduction:

Yes! And... Collaborative Arts (YACA) has begun a systematic program evaluation. This evaluation is important for internal quality control, for program modification and design, for professional development, and to measure the impact on the children and the community.

Some children will be selected for more extensive evaluations. We are hoping to measure the impact of our programming on a diverse array of children (differing in academic ability, social skills, length of participation in YACA programs, etc.)

Evaluation Components:

All children are tracked via:

- online parent/family surveys
- participant (child/teen) surveys
- the recording and eventual reporting of participant attendance
- the recording and eventual reporting of participant "Prouds and Sorries"

In-depth tracking further entails:

- the gathering of observational information about said child/children by a staff member
- additional online parent/family surveys (one per program)
- additional participant surveys (one per program)

These evaluations will generate better programming for your child. All of your child's information is kept completely confidential and you retain the right to withdrawal your family's participation at any time with no negative impact. If you have any questions please contact Michael Brix at 215-278-4264

If you understand the before stated and allow for you and your child to be a part of the program evaluations, please provide the following information and signature.

Child's Printed Name: _____ Date: _____

Parent or Legal Guardian's Printed Name: _____

Parent or Legal Guardian's Signature: _____

*If you would like to receive a fuller description of our evaluation process, please initial: _____