



HUNTINGTON YOUTH BUREAU YOUTH DEVELOPMENT RESEARCH INSTITUTE, INC.

423 PARK AVENUE \* HUNTINGTON, N.Y. 11743 \* (631) 271-5499 \* FAX (631) 271-1360

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## **Project EXCEL Permission Slip**

YOUTH'S NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ TOWN: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME #: \_\_\_\_\_ WORK #: \_\_\_\_\_ ALT. #: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATIONS: (**note**- *Project Excel cannot administer medication*) \_\_\_\_\_

CHILD'S MEDICAL CARRIER: \_\_\_\_\_ POLICY NUMBER: \_\_\_\_\_

Emergency Contact - Name & Relationship

Telephone#

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I hereby give permission for \_\_\_\_\_ to attend the field trip to: **The Nassau County Museum of Art**

At: **One Museum Drive, Roslyn Harbor, NY 11576** on: **February 20th, 2019**. All participants agree to abide by the rules of the staff conducting the program.

**\*Please note:** If weather permits the group will make additional stops to The Heckscher Museum of Art (2 Prime Ave, Huntington, NY) and Gold Star Beach (Browns Rd, Huntington, NY) to photograph the environmental landscape.

**I understand:**

- This activity will be supervised by Project Excel staff, interns and volunteers.
- The Project Excel does not provide any health/hospitalization insurance for my child.
- I give permission for Project Excel to use activity photographs for promotional purposes.

In consideration on my signing this agreement, I hereby, for my child, their heirs and administrators, assume any and all risks, which might be associated with the activity. I waive and release any and all rights and claims for damages which I may have against the organizer and any other connected with this activity, their representatives, successors, and assign for all and any injuries or damages of any kind whatsoever suffered to my child as a result of taking part on the activity and transportation to and from the said activity and any related activities.

In the event that I cannot be reached in a medical emergency, I give Project Excel staff authorization to secure proper medical treatment, including taking my above named child to the nearest hospital. I release Project Excel staff, volunteer chaperones, designated drivers and all funding sources from any liability or legal action. The following information is vital should medical treatment be necessary:

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Parent or Guardian (Signature)

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Date