



Community Action Foundation of Citrus County, Inc.

Making a difference in the lives of our children - through community action and involvement

Information and Consent Form *(continued)*

Student Full Name: _____

Physician's Name _____ Telephone Number : _____

List any prescription or over-the-counter medications the child takes on a regular basis:

	Drug Name	Health Condition
1.	_____	_____
2.	_____	_____
3.	_____	_____

Date of Last Tetanus Shot _____

*In the event of a medical emergency and CAFCC is unable to notify me or the temporary caregiver(s), I hereby authorize the organization's designee to have my child _____ transported to a clinic, hospital or medical facility for emergency treatment. **I will be responsible for all incurring costs.***

Parents/Guardian Signature _____ Date _____

Photo Image Consent

Your child's image will be used in news clippings, announcements, and other forms of public advertisement. If you wish not to have your child image used please indicate by signing below. If you wish to have your child's image used **DO NOT** sign below.

Parents/Guardian Signature _____ Date _____

I DO NOT WISH MY CHILD'S IMAGE TO BE USED

Activity Participation Consent

I know of no reason(s), other than the information indicated on this form, why my child (or self) should not participate in approved activities, except as noted. I understand that the information on this form may be shared with adults participating in CAFCC activities and events

Parents/Guardian Signature _____ Date _____

School Access Consent

My signature below indicates that I give (please check all that apply): Mr. Greg Wilson Mrs. Andrea K. McCray-Holly Ms. Samantha Churchwell access to my child and his or her academic and administrative records at _____
(Name of School)

The access includes the following *(please check all that apply)*:

- Join the child for lunch
- Planned and unplanned visits to the classroom of the child,
- Follow up and interaction with the child's teacher(s) to check on progress of child
- Accompany the child to a school sponsored field trip or outing.

Parents/Guardian Signature _____ Date _____

Witness _____ Print Name: _____ Date _____

Witness _____ Print Name: _____ Date _____