



## School-Year 21/22 Member Pick-up & Emergency Contact Form

**Member Name:** \_\_\_\_\_ **Club Number:** \_\_\_\_\_

**Member's School:** \_\_\_\_\_

### Member Pick-up List

Unless your child is authorized to check out of the Club on their own to walk home or to an approved after-school or summer activity, an authorized family member or other adult **must come into your child's Clubhouse** and check your child out. In the space below please indicate any family members and/or adults you wish to authorize to pick your child up from the Boys & Girls Club. If an individual is not on this list, our staff professionals are not permitted to release your child to them.

**Contact 1**

Primary Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_

**Contact 2**

Primary Phone \_\_\_\_\_  
 Relationship \_\_\_\_\_

Additional Authorized Pick-ups	Relationship	Phone Number(s)

### Member Self Check-Out

I authorize my child to check themselves out one time each day to either walk home or to another approved after-school or summer activity. I understand my family is responsible to **pre-arrange** when my child will check out and that Club staff will not accept calls to have my child check out. I also understand that Member Self-Check-Out is not to be used to have my child wait in the parking lot to be picked up. I also understand that Member Self-Check-Out is a privilege and abuse by my child or my family will result in the Club revoking this privilege.

I understand and agree that once my child checks him/herself out, the Boys & Girls Clubs of Yellowstone County is no longer responsible for the supervision of my child or liable for my child's safety and well-being. Rather, I agree that my authorization to Boys & Girls Clubs of Yellowstone County to permit my child to check him/herself out shifts all responsibility for the supervision, safety, and well-being of my child to me, as the parent or guardian, once my child checks him/herself out from the Club.

Yes \_\_\_\_\_ No \_\_\_\_\_ Parent Signature \_\_\_\_\_

### Emergency Contact

While our Clubhouse staff will attempt to contact a parent or guardian in an emergency, experience has taught us that parents are not always available. Therefore, every Club Member must have a designated Emergency Contact who can speak for the parent/guardian if they are not available. A member's emergency contact must be an adult other than a parent or direct household member, such as an aunt, uncle grandparent or family friend who lives locally.

Emergency Contact	Relationship	Phone Number(s)

*For Office Use Only*

Date Received: \_\_\_\_\_ Received By: \_\_\_\_\_ Amt Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_\_\_  
 Orientation Completed: \_\_\_\_\_

**Member Name:** \_\_\_\_\_ **Clubhouse:** \_\_\_\_\_

### **Member Injury & Emergency Medical Treatment**

The Boys & Girls Clubs of Yellowstone County is fully committed to providing the safest Club experience possible for your child. However, accidents will happen from time to time and the Boys & Girls Club staff will respond to these accidents quickly and efficiently. While the Club's practice is to seek guidance and permission for treatment of a member's injuries it is possible that we may not be able to contact you to get that permission. Therefore, it is important that you provide the Boys & Girls Clubs of Yellowstone County with the authority to act on your behalf in the event your child needs medical attention and the Club cannot reach you.

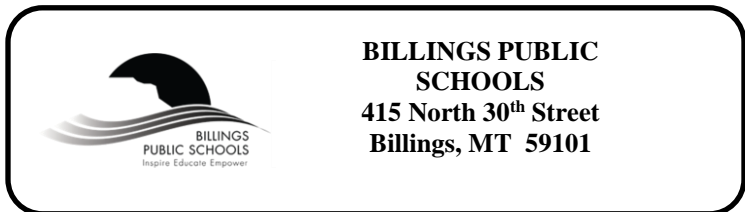
I, the undersigned (as parent or guardian of the participant, a minor) hereby authorize the staff of the Boys & Girls Clubs of Yellowstone County or its sponsors and/or volunteers, coaches, trainers, activity supervisors, instructors and vehicle drivers as my agents, to consent to medical, surgical or dental examination and/or care at any hospital or by licensed medical personnel. I understand that as the parent/guardian I am responsible to pay for any medical expenses incurred from the treatment of my child resulting from an illness or injury which arises while the child is engaged in Club activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Parental Consent Form – Print & Digital Media**

I acknowledge that the Boys & Girls Clubs of Yellowstone County and/or its sponsors or partners may utilize film, print and digital images of a member or a family, which may be taken during involvement in the Boys & Girls Club programs or activities and that I understand that my family will not receive compensation for use of these images. I also acknowledge the Boys & Girls Clubs of Yellowstone County may utilize information regarding a member's story or experiences to highlight and promote the value and impact of the programs and/or activities at the Boys & Girls Clubs of Yellowstone County.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PARENT CONSENT FOR MUTUAL EXCHANGE OF INFORMATION**  
**(Authorization to Disclose Personally Identifiable or Health Care Information)**

ID# \_\_\_\_\_ School: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

<b>I hereby give permission for the mutual exchange of information and the following records of the above student. This release is for the following records or information:</b>		
<input checked="" type="checkbox"/> ALL Records	<input checked="" type="checkbox"/> Discipline Records	<input checked="" type="checkbox"/> On-Going Program Coordination
<input checked="" type="checkbox"/> Cumulative Records	<input checked="" type="checkbox"/> Special Education Records	<input checked="" type="checkbox"/> Other (specify) <i>Student Grades &amp; State Test Scores</i>
<input type="checkbox"/> Medical Records (Specify Below)		
<input type="checkbox"/> Complete Medical Record	<input type="checkbox"/> Specialist Reports	<input type="checkbox"/> Check-Ups
<input type="checkbox"/> Immunizations	<input type="checkbox"/> Newborn Birth Records	<input type="checkbox"/> Contagious Diseases
<input type="checkbox"/> Height and Weight	<input type="checkbox"/> Newborn Audiology	

<b>Unless otherwise revoked, this authorization will expire on:</b>	
<input type="checkbox"/> Once the information is received	<input type="checkbox"/> On-going until mutual services are discontinued
<input type="checkbox"/> One year from the authorized date below	<input checked="" type="checkbox"/> Other: <i>July 31, 2021</i>

<b>This release is between Billings Public Schools and the following agencies and/or individuals:</b>	
<b>Name</b>	<b>Address</b>
<i>Boys &amp; Girls Clubs of Yellowstone County</i>	<i>505 Orchard Lane, Billings, MT 59101</i>

Please send records (if different from the above address) to:

**School:** \_\_\_\_\_

**School Address:** \_\_\_\_\_

**Attention:** \_\_\_\_\_

My signature authorizes the exchange of the above information and/or records. You have the right to revoke this disclosure at anytime prior to the exchange. That request must be in writing to the building/program administrator. The district will protect all student records following federal and state guidelines. A covered entity under HIPAA may not condition treatment, payment, enrollment or eligibility upon whether you sign this authorization. Not all agencies or individuals to whom we release information to have the same federal and state law requirements and the released information may be disclosed and not protected.

**Relationship to Child/Student:** \_\_\_\_\_

**Purpose of the Release:** \_\_\_\_\_

**Do you Request a copy of the records disclosed (at parent expense)?**       Yes       No

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**Records were requested by:** \_\_\_\_\_ **Records were requested on:** \_\_\_\_\_