



BOYS & GIRLS CLUBS OF THE COASTAL BEND

Child/Children's names _____

Print Parent name _____ Parent Signature _____

Receipt of Parent Handbook:

I have this day received a copy of The Boys & Girls Clubs of the Coastal Bend Parent Handbook and I understand that I am responsible for reading the policies and practices described within it. Parent signature _____

Immunization compliance:

This statement is an assurance that _____ child/children's names) immunization records or waivers have been received by the host school where Boys and Girls Clubs of the Coastal Bend are providing afterschool care.

Signature _____

Parental Authorization for Emergency Medical Attention:

I give consent for the Boys and Girls Clubs of the Coastal Bend to secure any and all necessary emergency medical care for my child/children.

Signature _____