



## Building Men Program Inc. and My Brother's Keeper Syracuse

### Students Personal Information

Today's Date: \_\_\_\_\_

Last name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Start Date: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Street Address: \_\_\_\_\_

Apt # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Student Primary Contact Number: \_\_\_\_\_ Cell Home Other

### PARENT/GUARDIAN INFORMATION

Name: \_\_\_\_\_

Relationship to Youth: (circle) **Mother** **Father** **Other:** (specify) \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Student Street Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Emergency Contacts

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Best Contact Number: \_\_\_\_\_

Syracuse City



School District

### Medical History



Name of Primary Care Physician: \_\_\_\_\_ Phone No. \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone No. \_\_\_\_\_

Does your son have any physical problems or limitations? (Circle) Yes / No

Is your child currently receiving treatment for any medical issues? (Circle) Yes / No

Is he currently on any type of medication? (Circle) Yes / No

Please list medications: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Special Needs: \_\_\_\_\_

### Consent for Medical Treatment of a minor

If you child needs medical, dental, health or hospital services, under the law, you as a parent must give permission. In the event you are not available and cannot be reached you authorize the staff of Building Men Program Inc. to act on your behalf.

**This is a legal document. Your signature below attests to your permission that the staff can act on your behalf in the event of either a medical or dental emergency. This agreement is good for 1 year from date of signature below.**

I, \_\_\_\_\_ as the parent/guardian of above identified minor, hereby appoint the staff at Building Men Program Inc. to act on my behalf in authorizing unexpected medical, dental, surgical care and hospitalization in my absence.

Signature of parent/guardian

Date



**Transportation INSTRUCTIONS:** (circle)    School bus    Centro Bus    Walker    Pick-up

### Transportation Authorization

I authorize Building Men Program Staff and volunteers to transport the child above, \_\_\_\_\_ (child's name) to any Building Men activity, outing and/or trip for the specified periods the child above is enrolled.

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Parent/Guardian Signature

Date

### Please read this carefully before signing

#### Please initial each of the following

\_\_\_\_\_ I give my informed consent and permission for my child to participate in the Building Men Program Inc. and its related activities. Activities including but not limited to afterschool program, school break program, Day of Peace, Leadership Day, Leadership Conference, School Lock ins,

\_\_\_\_\_ I agree to have my child follow all program guidelines and understand that any violation on my child's part may result in suspension and/or termination from the program.

\_\_\_\_\_ I release Building Men Program Inc. of all liability, injury, death, or other damages to me, my child, family, estate, heirs, or assigns that may result from his participation in the program, including but not limited to transportation, and hold harmless any Building Men member, program staff, or other representatives, both collectively and individually, of any injury, physical or emotional, other than where gross negligence has been determined.

Building Men Program Inc. wants to use any photographic image of my child taken while participating in the program in any promotions or other related marketing materials.

**Please initial:**        \_\_\_\_\_ I agree to allow        \_\_\_\_\_ I do not agree to allow

By signing below, I attest to the truthfulness of all information listed on this application and agree to all the above terms and conditions.

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Parent/Guardian Signature

Date