



CITY OF MOUNT VERNON

DEPARTMENT of YOUTH BUREAU



SHAWYN PATTERSON-HOWARD
Mayor

City Hall, One Roosevelt Square
Mount Vernon, NY, 10550
(914) 665-2344 (914) 665-1373
cityofmountvernonyouthbureau@gmail.com
youthbureau.cmvny.com
@mountvernonyb/mvyouthbureau

Debbie Burrell-Butler, MBA
Executive Director
Dena T. Williams, MPA
Deputy Director

MOUNT VERNON YOUTH BUREAU SAFE HAVEN AFTERSCHOOL APPLICATION

Participant Name: _____

Age: _____ Sex: Male _____ Female _____ Other _____ Date of Birth: _____

Ethnicity: White _____ Black _____ Hispanic _____ Amer. Ind. _____ Asian _____ Other _____

Address: _____

City: MOUNT VERNON State: NEW YORK Zip: 1055 _____

Parent/Guardian Name: _____

Home #: () _____ Work #: () _____ Cell #: () _____

**Email: _____

Participant Physician Name: _____ Physician #: _____

Emergency Contact

Name: _____ Relationship: _____ Contact Phone #: _____

**CHECK ALL THAT APPLY

In foster care _____ in juvenile justice system _____ living with a disability _____

In treatment for mental health issues _____ Homeless _____ recently immigrated _____ other _____

**ARE YOU RECEIVING PUBLIC ASSISTANCE? _____
Yes No

If yes, what kind are you receiving? _____

**YOU MUST ANSWER THIS QUESTION IN ORDER FOR YOUR CHILD TO PARTICIPATE IN THIS PROGRAM.

I hereby grant my child permission to participate in all activities and agree not to hold the City of Mount Vernon, its program site, officers, employees and agents from any and all loss and liability for injury or results of any injury received by my child during regular program participation. I further agree that my child was examined by a qualified physician and found to be in good health and able to participate in all program activities.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____



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FIELD TRIP PERMISSION SLIP

Name of program child attends: Safe Haven After-School, Location -

Destination: Various

Time of Departure: N/A

Anticipated Return Time: N/A

Participant Name:

Address:

City: MOUNT VERNON State: NEW YORK Zip: 1055

Parent/Guardian Name:

Home #: () Work #: () Cell #: ()

Emergency Contact

Name: Relationship: Contact Phone #:

I, hereby grant my child permission to attend the field trips sponsored by the Mount Vernon Youth Bureau. I further understand and agree that I am aware that the Mount Vernon Youth Bureau and the City of Mount Vernon are not responsible for any injuries or accidents, which may occur due to my child's negligence. I further understand and agree that the Mount Vernon Youth Bureau and the City of Mount Vernon are not responsible for any physical or emotional disorder, which I failed to mention. I understand that there will not be any administering of medication given to my child for any ailment that he/she might have.

CHECK THE FOLLOWING

DAILY MEDICATION NEEDED? YES NO

ANY ALLERGIES? YES NO

GLASSES/HEARING DEVICE? YES NO

If the answer is yes, please state special needs

SIGNATURE OF PARENT/GUARDIAN:

DATE:



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RELEASE & EMERGENCY MEDICAL INFORMATION FOR FIELD TRIPS

Date: _____ Destination: Various
Participant Name: _____ Age: _____

1. Does your child have any illnesses that will prevent them from taking part in daily activities? Explain.

2. Does your child experience seizures? If so, how often?

3. Does your child carry medication, an Epi-Pen, asthma pump and/or any other medical devices we should be aware of? Please list and identify purpose.

** PLEASE NOTE THE MOUNT VERNON YOUTH BUREAU SAFE HAVEN AFTER SCHOOL PROGRAM DOES NOT ADMINISTER MEDICATION**

4. Does your child have any drug, food or insect allergies? Explain.

5. Has your child had a tetanus shot in the last five (5) years? When?

Participant Physician Name: _____ Physician #: _____

In case of injury, I hereby authorize chaperones in their discretion to call 911 should my child need the care of a doctor/hospital for emergency treatment or whatever service is deemed necessary.



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In case of injury, please call:

Name: _____ Relationship: _____ Contact Phone #: _____

In the event that the minor, _____, causes any bodily injury or property damage by his or her negligence, the parent and/or legal guardian agrees to indemnify and hold harmless the City of Mount Vernon and its officers, agents and employees from any loss or expense arising out of the negligence of the minor.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____



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PERMISSION TO SIGN OUT CHILD

I, _____ HEREBY GIVE
(Parent/Guardian's Name)

PERMISSION FOR MY CHILD, _____, TO BE PICKED UP BY
OR WALK HOME FROM THE MOUNT VERNON

YOUTH BUREAU'S SAFE HAVEN AFTER-SCHOOL PROGRAM. I UNDERSTAND MY
CHILD MUST BE PICKED-UP AT 5:00 PM SHARP, UNLESS NOTIFICATION IS GIVEN BY
THE PROGRAM DIRECTORS AND COUNSELORS THE DAY BEFORE. I ALSO
UNDERSTAND THAT IF MY CHILD IS NOT PICKED UP ON TIME FOR TWO OR MORE
DAYS, HE/SHE WILL BE DROPPED FROM THE ROSTER AND WILL BE REPLACED
WITH A CHILD ON THE WAITING LIST.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

Additional pick up names:

- 1. _____
2. _____
3. _____
4. _____

*PLEASE NOTE THAT IF YOU CHOOSE TO HAVE YOUR CHILD WALK HOME, THEY WILL
SIGN THEMSELVES OUT OF THE PROGRAM*



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PHOTO/VIDEO RELEASE FORM

I, _____ HEREBY GRANT PERMISSION TO THE CITY OF
(Parent/ Guardian’s Name)

MOUNT VERNON YOUTH BUREAU TO PHOTOGRAPH AND/OR VIDEO MY CHILD,

_____.

I UNDERSTAND PHOTOGRAPHS AND/OR VIDEOS MAY BE USED IN, BUT NOT LIMITED TO, BROCHURES, NEWSLETTERS, PRESS RELEASES, WEBSITES, MEDIA PROGRAMS OR ANY OTHER TYPE OF PROMOTIONAL MEDIUM EXISTING NOW OR IN THE FUTURE.

I FURTHER UNDERSTAND THAT BY GRANTING THIS PERMISSION, I AM IRREVOCABLY GIVING UP ALL RIGHTS AND CLAIMS TO MONETARY COMPENSATION FOR ANY FUTURE USES OF THIS MATERIAL BY THE CITY OF MOUNT VERNON YOUTH BUREAU.

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____