



2011-12 Non-school day LINKS Emergency Release & Information Form

(Return completed & signed forms to your child's teacher by Friday October 7th)

** This form will be kept on file throughout the school year and will serve as Emergency Release for your child's participation in any and all of the following non-school day LINKS programs:

- **Saturday Kickoff** (10/22/11, 9:30am-2:30pm)
- **November Afterschool Series** (11/01/11, 11/15/11, & 11/29/11, 3:45-5:15pm)
- **Winter Study Day** (02/17/12, 9:00am-1:00pm)
- **March Afterschool Series** (03/01/12, 03/15/12, 03/29/12, 3:45-5:15pm)
- **Saturday Stewardship Day & Finale** (05/19/12, 9:30am-2:30pm)

CONTACT & DEMOGRAPHIC INFORMATION:

Please fill out all areas below. Contact info will be used to communicate directly with LINKS families to keep you updated on LINKS news and happenings, plus upcoming events at the Nature Center. Demographic data will assist us in compiling statistical information on students which is required in our grant reports that are submitted to the state of Connecticut. No names or contact information will be submitted to the state. All names & contact information will be kept confidential and used solely by the Nature Center.

Student Information:

Student's Name (First & Last):

Gender: Male Female Age:

Race/Ethnicity (circle most appropriate):

American Indian/Alaskan Native Asian/Pacific Islander White

Black (not of Hispanic origin) Hispanic Other

Does your child receive free or reduced lunch? Yes No

School (circle one): East South West Brookside Columbus Fox Run Marvin

Student's Teacher:

Parent / Legal Guardian Information:

First & Last Name of Mother:

First & Last Name of Father:

Home Address:

City/State/Zip:

Best Phone Contact (during weekdays/workday):

Best Phone Contact (during non-school day LINKS programs)

E-Mail 1:

E-Mail 2:

Marital Status: Married Divorced/Separated Single

If you would like to only receive information on LINKS programming at the Nature Center, please check the box below. Otherwise, we will automatically add you to our Nature Center mailing list so you can stay informed about other exciting happenings at the New Canaan Nature Center.

NO, please only contact my family and me regarding LINKS specific programming

Please turn over to Page 2 for parent/guardian signatures & Emergency Health and Contact Information.



New Canaan Nature Center

144 Oenoke Ridge
New Canaan, CT 06840-4198
Tel (203) 966-9577
Fax (203) 966-6536
www.NewCanaanNature.org

PERMISSION/RELEASE: By signing below, I understand the purposes of and procedures governing the non-school day components of the LINKS program at the New Canaan Nature Center. I know that these are voluntary extension programs and are not programs of New Canaan or Norwalk Public Schools. I hereby grant permission for my son/daughter to participate in the LINKS program. If transportation is needed, I hereby authorize New Canaan Nature Center to arrange transport.

The health information provided below is complete and correct as far as I know

In the event of an emergency, I hereby give permission for the staff of the NCNC to administer first aid and/or obtain emergency medical treatment for the child herein described. If my child has been prescribed medication to treat an allergic reaction (including but not limited to an Epi-Pen or inhaler) I hereby give permission for my child to self-administer said medication at the NCNC. I understand that every effort will be made to contact me and/or emergency listings. If I cannot be reached in an emergency, I hereby give permission to the physician selected by the NCNC to hospitalize, secure proper treatment for, and/or order injection, anesthesia or surgery for the person named below. I understand that, if necessary, my child will be transported by the New Canaan Ambulance Corps to Norwalk Hospital. I agree that any cost incurred for transportation and/or treatment will be my responsibility.

Signature of Parent/Guardian

Date

PHOTO RELEASE (optional): I hereby give permission for my child's photograph to be taken while participating in 2011-12 LINKS programs and for this photo to be used in for solicitation of future funding for LINKS, New Canaan Nature Center publications, and for advertising and other promotions for the New Canaan Nature Center.

Signature of Parent/Guardian

Date

Emergency Information:

Emergency contacts (authorized to remove child from premises):

1) Name:

Best Phone Contact:

2) Name:

Best Phone Contact:

VERY IMPORTANT: My child has a known allergy (or known sensitivity to) the following: *(Please explain in more detail in the space provided along with any additional information regarding any physical limitations, special needs, or other information we should know about your child).*

BEE STINGS ASTHMA NUT ALLERGIES DIABETES OTHER

Please explain:

Required medication: _____

(all medication must be administered by parent/guardian unless arranged in advance with New Canaan Nature Center LINKS staff)

The New Canaan Nature Center originally budgeted \$371 per student in order to run LINKS 2011-12. Due to a 45% state budget cut to the original funding request, we are now faced with running the program at a rate of \$204 per student. Any contributions you can make to help us fill the gap are much appreciated.

To discover how you can help, please see below or contact us directly at (203) 966-9577 or www.NewCanaanNature.org.

YES, I am happy to help assist LINKS in making up the difference.

Attached please find my tax deductible pledge of support.