

**Mission Kids**  
**Permission/Release Form**  
**HELP Suffolk**



**Grades K-5**  
**1st & 3rd Saturdays**  
**DATES:** \_\_\_\_\_

**PLEASE PRINT AND COMPLETE FORM**

CHILD'S NAME	BIRTHDATE	SCHOOL	GRADE	ETHNICITY (circle one)
	/ /			W B A.I. A H O
	/ /			W B A.I. A H O
	/ /			W B A.I. A H O
	/ /			W B A.I. A H O
	/ /			W B A.I. A H O
	/ /			W B A.I. A H O

**EMERGENCY CONTACT (PLEASE PROVIDE AT LEAST 3 WORKING NUMBERS)**

NAME	RELATION	PHONE

**ETHNICITY KEY:**

- W - White
- B - Black
- A.I - American Indian/Alaska Native
- A - Asian or Native Hawaiian/Other Pacific Islands
- H - Hispanic
- O - Other

PRIMARY CARE PHYSICIAN	PHONE	HEALTH INSURANCE CO.	MEDICAID OR INS. #

\*\*\*\*\*I give permission for my children to be picked up and dropped off by a Lighthouse Mission Van (circle one)    Yes    No

ALLERGIES or MEDICAL CONDITIONS? \_\_\_\_\_

I give permission for my child to participate at Mission Kids at the Lighthouse Mission on Saturdays from 11:00 am to 1:00 pm at 1543 Montauk Highway, Bellport, New York. I also understand that during the time my child participates in the program, the Lighthouse Mission and its volunteers are not responsible for any injuries that may occur on the bus or in the building or on its premises. I understand that Lighthouse Mission is not responsible for any loss of items on the bus or in the building or on its premises. I give permission for my child's picture to be taken during the program. I give the staff of Lighthouse Mission permission to make any decisions in the event of an emergency if I am unavailable.

Parent or Guardian Signature	Print Name	Cell phone (for text reminders)	Email