

**Neighbors Community Center
Parent/Guardian Permission Form**

I give permission for _____ (child's name) to be involved in a program/activity related to Neighbors Community Center during this time period: _____ (dates/times).

I give permission to Neighbors Community Center staff, program leaders, and volunteers to seek or provide emergency medical treatment as needed.

Emergency contact

Name:

Phone number:

Additional emergency contact

Name:

Phone number:

I give permission to Neighbors Community Center staff, program leaders, and volunteers to transport my child to and from program-related programs/activities and/or to receive appropriate medical care as needed.

Yes No : I give permission to Neighbors Community Center staff, program leaders, and volunteers, to take and publish photographs and/or videos of my child for official social media posts and/or publications.

I understand that I will be informed of any changes, and have the right to withdraw my child at any time.

Parent/guardian name (print) _____

Signature: _____

Date: _____

Neighbors Community Center at Hub450
450 North Prince Street
Lancaster, PA 17603