Larkins Center
The Gateway Program
Parental Permission Form and Hold Harmless Agreement

We, _____ and _____ , the parents of _____ hereby give permission for our daughter to participate in all activities sponsored by Larkins Center, specifically during The Gateway Program sessions in the 2025-2026 school year.

We agree to hold the organizers harmless from any liability to anyone on account of any injuries to our child, any claim we may have for injuries to our child shall be limited to whatever coverage is available.

Father's signature: _____ Date: _____
Mother's signature: _____ Date: _____

Medical Information and Authorization for Emergency Care

If an emergency arises while my daughter is at Larkins Center, I _____ direct the staff to try to contact me, If I cannot be reached in the case of emergency, the staff is directed to seek emergency care for my daughter, _____, at the nearest medical or hospital facility.

Signature of Parent/Guardian: _____
Phone: _____ Date: _____
Signature of second parent or emergency contact: _____
Phone: _____ Date: _____

Health history:
Chronic or recurring illness or medical condition we should be aware of: _____

_____
Current medical condition:
Currently under the care of a physician for the following conditions:

_____
Current medications to be administered at Larkins (send with instructions):

_____
May aspirin.non-aspirin substitute be administered?

_____
Any dietary restrictions due to medical condition:

_____
Any allergies (food, drugs, plants, insects, etc.):

_____

Activities to be encouraged or limited:
Encouraged: _____
Limited: _____

Suggestions or additional health related information for program staff:

_____
_____

Insurance information:
Insurance carrier: _____ ID #: _____ Group #: _____
Carrier address & Phone number: _____