

# Clay County Health Department

BETTER CARE, BETTER HEALTH, BETTER LIVING

## Teen R.E.A.C.H. Parental Consent Form General Information 618-662-4408

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ Race(optional): \_\_\_\_\_ SSN (optional): \_\_\_-\_\_\_-\_\_\_

Child's Home Phone Number: \_\_\_-\_\_\_-\_\_\_ Cell Phone Number: \_\_\_-\_\_\_-\_\_\_

**Field Trips:** I understand that the Teen R.E.A.C.H. program will be planning some field trips throughout the course of my child's participation, I, \_\_\_\_\_ will allow my child to go on field trips with the Teen R.E.A.C.H. program and its staff. My child and I fully understand that all Teen R.E.A.C.H. rules apply, even on trips. I also understand that all field trips will also have another, more detailed, permission slip, providing information concerning the exact logistics of each trip.

**Photography Release:** As the legal parent/guardian of \_\_\_\_\_, I authorize the Illinois Department of Human Services and the local Teen R.E.A.C.H. program operators to photograph my child for means of publication purposes. Photos might be used in various brochures and publications describing and promoting the program in a positive way. In no way will the photos be used in any illegal misrepresentation of my child.

I understand that the purpose of the attached surveys and interviews is to document the impact of the Teen R.E.A.C.H. program on its participants, and to identify areas for improvement. I also understand that this information will remain private, and that only my child's site director and assigned research assistants will be able to look at his/her responses.

I understand that my child's responses will be automatically grouped together with the responses of other Teen R.E.A.C.H. sites for any public presentations of their finding, and that my child will not be individually linked to his/her responses. In addition, I understand that I can take back my permission at any time with written notice.

Does your child qualify for free or reduced lunches?

\_\_\_\_\_ Yes

\_\_\_\_\_ No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



Teen R.E.A.C.H. is funded in part or whole by the Illinois Department of Human Services.

# Clay County Health Department

BETTER CARE, BETTER HEALTH, BETTER LIVING

## Teen R.E.A.C.H. Parental Consent Form Emergency/Medical 618-662-4408

Child's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Number: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

Relationship to youth: \_\_\_\_\_

Phone Number: \_\_\_\_-\_\_\_\_-\_\_\_\_\_

Does youth have Asthma? (Y) (N) If yes, how is it controlled? \_\_\_\_\_

Prescribed Medications: \_\_\_\_\_

Self-administered \_\_\_\_\_ Must be administered by an adult \_\_\_\_\_

Allergies: \_\_\_\_\_

Head Injuries: \_\_\_\_\_

Other Health Issues: \_\_\_\_\_

**Medical Release:** I understand that Teen R.E.A.C.H. also includes physical sports and recreational activities.

My child, \_\_\_\_\_, has the following restrictions on his/her physical activity:

\_\_\_\_\_



Parent/Guardian Signature

Date

Teen R.E.A.C.H. is funded in part or whole by the  
Illinois Department of Human Services.

**Teen R.E.A.C.H. Parental Consent Form**  
**General Information**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ SSN (optional): \_\_\_-\_\_\_-\_\_\_\_\_

Grade: \_\_\_\_\_

School Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Teacher: \_\_\_\_\_ Room Number: \_\_\_\_\_

Release of Information

As the legal parent/guardian of \_\_\_\_\_, I authorize the School District and/or educational institute my child attends to release the following information to this Teen R.E.A.C.H. site on a quarterly basis: grade point average, photocopies of report cards, school attendance rates, grade achievement information and graduation information. Also, I authorize the School District and/or educational institute my child attends to release free or reduced lunch information to this Teen R.E.A.C.H. site on a yearly basis.



\_\_\_\_\_  
Parent/Guardian Signature                      Date

Teen R.E.A.C.H. is funded in part or whole by the Illinois Department of Human Services.

## Teen R.E.A.C.H. Mandatory Homework Form

Child's Name: \_\_\_\_\_

School Name: \_\_\_\_\_

Teacher: \_\_\_\_\_ Room Number: \_\_\_\_\_

Homework help will be offered from 3:30 pm until 5:00 pm at both Teen R.E.A.C.H. I and Teen R.E.A.C.H. II during the 2005-2006 school year. It is not mandatory that youth participate in homework unless specified by a parent/guardian or teacher using this form. One reminder is that Teen R.E.A.C.H. offers homework help but we cannot offer individual tutoring services. Also, Teen R.E.A.C.H. staff cannot be responsible for checking each child's book bag to see if they have homework. Staff will assure that youth are in the homework room during the times specified below, but it is up to the child to make sure they are doing the homework that has been assigned to them. Once the scheduled homework time has elapsed, other activities will resume in the designated homework rooms. Youth will still have the freedom to work on their homework, but staff will move on to supervising other activities.

Do you want your child to be in mandatory homework?  Yes  No

If yes, please specify your requirements for your child (i.e. how long, how many days per week, just until they finish, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Teen R.E.A.C.H. is funded in part or whole by  
the Illinois Department of Human Services

\_\_\_\_\_  
Teacher's Signature

\_\_\_\_\_  
Date

# Clay County Health Department

BETTER CARE, BETTER HEALTH, BETTER LIVING

**Teen R.E.A.C.H. Center  
Youth Opportunities Survey (to be completed by youth)  
Please check all that apply**

**1. What Activities do you know of where kids go to have fun?**

Sports Leagues___	Youth Groups___	Church youth groups___	School Clubs___
Arcades___	Roller Skate___	Bowling___	Miniature Golf___
Go Karts___	Laser Tag___	Library___	Park District___
Boy/Girl Scouts___	Summer Camp___	School Dances___	Other_____
_____			

**2. Which ones have you gone to?**

Sports Leagues___	Youth Groups___	Church youth groups___	School Clubs___
Arcades___	Roller Skate___	Bowling___	Miniature Golf___
Go Karts___	Laser Tag___	Library___	Park District___
Boy/Girl Scouts___	Summer Camp___	School Dances___	Other_____
_____			

**3. What Activities would you like to be a part of or learn how to do?**

Acting___	Music___	Dancing___	Rollerblading/skating___
Computers___	Pool Tables___	Ping-pong___	Football___
Darts___	Card/board games___	Snacks___	Arts & Crafts___
Older kids to talk to___	Adults to talk to___	A place to talk with friends___	A place to do homework___
Help with homework___	Television___	Video games___	Movies___
Job/Career club___	Boy issues___	Girl issues___	

**4. What makes an activity fun for you?**

Being with friends___	Trying something new___	Meeting/Hanging out with other kids___
Other_____		

**5. What things keep you from going to activities after school or on the weekend?**

Need a ride___	Have to take care of younger kids at home___
I have chores___	My parent(s) want me at home___
Other_____	

Name: \_\_\_\_\_ Date: \_\_\_\_\_

# Clay County Health Department

BETTER CARE, BETTER HEALTH, BETTER LIVING

**Teen R.E.A.C.H. Center  
Family Opportunities Survey (to be completed by parent)**

**Please check all that apply**

**1. What do you think are the most important issues facing your children?**

\_\_\_\_\_

\_\_\_\_\_

**2. What activities do you know of where kids go to have fun?**

Sports Leagues___	Youth Groups___	Church youth groups___	School Clubs___
Arcades___	Roller Skate___	Bowling___	Miniature Golf___
Go Karts___	Laser Tag___	Library___	Park District___
Boy/Girl Scouts___	Summer Camp___	School Dances___	Other_____

**3. Which ones have you gone to?**

Sports Leagues___	Youth Groups___	Church youth groups___	School Clubs___
Arcades___	Roller Skate___	Bowling___	Miniature Golf___
Go Karts___	Laser Tag___	Library___	Park District___
Boy/Girl Scouts___	Summer Camp___	School Dances___	Other_____

**4. As a parent, what ways can you be involved in the program?**

Keep the monthly TRC calendar of activities and events___	Go on field trips to help out___	Help out at parties or events___	Teach a skill to a group of kids___
Be a regular volunteer___	Be on an advisory board___	Talk to people in the community about the program___	Attend monthly family nights and parent education activities___

Other\_\_\_\_\_

**5. As a parent, what makes an activity fun or interesting for you?**

Being with friends___	Trying or learning something new___	Meeting and talking with other parents___
-----------------------	-------------------------------------	---

Other\_\_\_\_\_

**6. What things keep you from being involved in activities or events?**

Need a ride___	Have to take care of younger kids at home___
I Work___	My partner/spouse wants me at home___

Other\_\_\_\_\_

Name/Child's Name: \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_

