



Form A (to be completed by parent/guardian)

Eielson AFB

Child and Youth Program
Inclusion Action Plan

PART A. To be completed by the parents/guardians.

Child's name: _____ DOB: _____ Date: _____

Circle one: Hourly Care - Full Time Care - Part Day Preschool - Before and After School – Youth - Sports

Sponsor's name: _____ Email _____

Spouses' name: _____ Email _____

Home phone: _____ Cell phone: _____

Does your child have allergies, developmental delays, behavioral concerns or any other medical condition?

Check a box. **Yes** (Proceed to Part B). **No** (DO NOT PROCEED) _____
(Parent/Guardian signature)

PART B. Parents/guardians, check the appropriate box or boxes, get the appropriate paperwork and have it signed by a physician.

CHRONIC CONDITIONS		
<p><u>Form D Required</u> <input type="checkbox"/> Respiratory (Asthma)</p> <p><u>Form E Required</u> <input type="checkbox"/> Seizure Disorder</p> <p><u>Form F Required</u> <input type="checkbox"/> Diabetes</p>	<p style="text-align: center;"><u>Form B Required</u></p> <p><input type="checkbox"/> Blindness/Vision Condition <input type="checkbox"/> Heart Condition <input type="checkbox"/> Kidney Condition <input type="checkbox"/> Deafness/Hearing Condition <input type="checkbox"/> Developmental Delay <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Atopic Disease</p>	<p style="text-align: center;"><u>Form B Required</u></p> <p><input type="checkbox"/> Speech Concern <input type="checkbox"/> Autism Spectrum <input type="checkbox"/> ADHD ADD <input type="checkbox"/> Anxiety <input type="checkbox"/> Behavioral Concerns <input type="checkbox"/> Other _____ _____ _____</p>

Provide details for checked items (month and year with current status) :

DIETARY AND FEEDING CONCERNS		
<u>Form C Required</u>		
<p><input type="checkbox"/> Food Allergies <input type="checkbox"/> Feeding Concerns</p>	<p><input type="checkbox"/> Special Diet Statement Provided <input type="checkbox"/> Swallowing Difficulty/Aspiration risk</p>	<p><input type="checkbox"/> Other _____ _____</p>
<p>Provides details for checked items: _____ _____ _____</p>		

Form A *(to be completed by parent/guardian)*

Does your child/youth receive special services/therapies? **Yes** **No** Please specify:

Is your child/youth enrolled in the EFMP? **Yes** **No** Please specify

I acknowledge the information about my child will be shared with the Inclusion Action Team, Child and Youth Program personnel, and/or medical professionals in order to receive individualized recommendation for accommodations and support.

Parent's signature

Date



Administration of Sun Screen

I hereby give my permission to the Youth Program staff, to administer or apply a sun blocking agent to my son/daughter. Only sunscreen that is approved by our medical advisor will be used.

By checking here I allow my child to apply sunscreen under the supervision of an adult.

Administration of Insect Repellant

I hereby give my permission to the Youth Program staff, to administer an insect repellant agent to my son/daughter. Only insect repellant that is approved by our medical advisor will be used.

By checking here I allow my child to apply insect repellant under the supervision of an adult.

Youth member _____

Parent/Guardian _____

Date _____



Eielson Youth Programs Trip Rules

When a member travels with Eielson Youth Programs, they represent Eielson and he/she must accept certain responsibilities. These responsibilities are based on common sense and respect for others which have already been agreed to when signing the code of conduct during Youth Programs membership orientation. We will go over some of these guidelines/rules the member must follow:

1. Proper respect of staff members must be observed at all times.
2. Members damaging or defacing equipment or property will be held financially responsible for such damage.
3. All members enrolled in the activity must sign in and out of Youth Programs upon arrival and departure.
4. Members must present a neat and clean appearance. Provocative, immodest, or disorderly clothing will not be worn.
5. There will be no running, horseplay, or throwing of objects allowed.
6. Smoking, fireworks, weapons, gambling, drugs, alcoholic beverages, vulgarity/abuse actions or words are strictly forbidden.
7. Public Displays of affection are not acceptable under any circumstances.
8. Above all, enjoy yourself, meet new friends and gain from your experience.

I understand that my Youth Programs membership may be restricted or suspended by the Youth Programs Director for violation of Youth Program guidelines/rules.

Member Name _____ Member's Signature _____



Travel Permission

Activity _____ Date _____

I, parent/guardian of _____ give Eielson Youth Programs permission to escort and/or transport my son/daughter to an event/field trip or outing.

Parent's Name _____ Parent's Signature _____

Home# _____ Cell # _____

Emergency Contact _____ Emergency # _____

NOTE: A minimum of 6 youth/teens are required to participate. This event maybe cancelled due to lack of enrollments. You will be contacted one day prior to the event should this happen.

_____ Initial here

- Youth should arrive 15 minutes prior to the departure time. *There will be no refunds for youth who are a no show for trips. _____ Initial here
- In the unlikely event that we have to cancel the trip (inclement weather, poor air quality, or safety concerns) we will notify via Child and Youth Facebook page and call each registered members. We will make attempts to reschedule but in the event we cannot those registered will receive a full refund. _____ Initial here

AIR FORCE YOUTH PROGRAMS REGISTRATION

PRIVACY ACT STATEMENT

AUTHORITY: Title 10 U.S.C. 8012 and 44 U.S.C. 3101.

PRINCIPLE PURPOSES: To register dependent youth of military, retired and DoD personnel in the Air Force Youth Programs. Providing Youth Programs the authorization for medical treatment in emergency situations; authorization for transportation; record youth/family information; photo use authorization; and releasing of liability.

ROUTINE USES: This form may be disclosed to any DoD component or part thereof, and upon request to other Federal, State and local government agencies in the pursuit of their official duties; disclosed to news media; used for other lawful purposes including law enforcement and litigation.

DISCLOSURE IS VOLUNTARY: Failure to provide the information may preclude the individual from participation in Air Force sponsored youth programs.

YOUTH NAME <small>LAST, FIRST, MI</small>	SPONSOR NAME / RANK <small>LAST, FIRST</small>	SPOUSE NAME / RANK <small>LAST, FIRST</small>	EMERGENCY CONTACT <small>OTHER THAN PARENT</small>
BIRTHDATE / AGE	ORGANIZATION	HOME ADDRESS	EMERGENCY PHONE <small>SAME AS CONTACT</small>
MALE / FEMALE	WORK PHONE	WORK PHONE	PHOTO PERMISSION <small>YES / NO</small>
YOUTH HOME EMAIL	CELL PHONE	CELL PHONE	SPONSOR WORK EMAIL
HOBBIES & INTERESTS	SPONSOR SS # <small>(LAST 4)</small>	HOME PHONE	PARENT VOLUNTEER <small>YES / NO</small>

SPECIAL NEEDS CARE / ILLNESS / ALLERGIES / INJURIES

RELEASE OF LIABILITY AND AGREEMENTS

MEDICAL CARE AUTHORIZATION: I hereby authorize my child to receive emergency medical treatment whenever it is deemed necessary at any U.S. Military Facility or any other medical facility when a U.S. Military Medical Facility is not available.

HOLD AND SAVE HARMLESS AGREEMENT: Now therefore, in consideration of mutual covenants and agreements between the parties here to it is agreed as follows: We the parents of the above named youth agree to save and hold harmless as well as defend the Base Youth Programs, Services Division's Central Base Fund, Department of the Air Force and the contractor from and against any and all claims, demands, actions, debts, liabilities and attorney's fees. Parent further agrees to save and hold harmless the contractor and all other parties involved from and on account of damages of any kind which the youth may suffer as a result of the acts of participating in the program.

TRANSPORTATION/FIELD TRIP: I give Youth Programs permission to transport the aboved named youth to and from any events that I am notified of in advance.

SIGNATURE OF PARENT/LEGAL GUARDIAN	DATE
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FOR USE BY YOUTH PROGRAM STAFF (COMPLETE & INITIAL)

PROGRAM ORIENTATION DATE	MEMBERSHIP CARD ISSUE DATE	MEMBERSHIP CARD NUMBER
EXPIRATION DATE	MEMBERSHIP FEE PAID	STAFF INITIAL / DATE