



102-1201 Kingsway Avenue

Medicine Hat, AB T1A 2Y2

403-502-2210 / [www.beyouth.ca](http://www.beyouth.ca)

## Parent/Guardian Permission Form

I, (Parent/Guardian) \_\_\_\_\_ hereby give permission for (youth) \_\_\_\_\_ to attend the Be YOUTH Centre and participate in its activities both in and out of the Centre. I agree to release the Be YOUTH Centre and Staff, from any liability and waive any claim for damages/injuries suffered by my child during their attendance \_\_\_\_\_ (Initial).

### **Please initial next to any/all the following if you agree to the terms:**

1. I authorize the Be YOUTH Centre to include my child in surveys that are periodically conducted to gain feedback to allow Be YOUTH to grow. \_\_\_\_\_(Initial)
2. I authorize my child to take part in activities/presentations where they will be learning about the following:
  - a) Drug and Alcohol Awareness and Safety \_\_\_\_\_(Initial)
  - b) Sexual Education- Bodily Development, Sex and Sexual Health, Making Informed Decisions \_\_\_\_\_(Initial)
  - c) Healthy Relationships \_\_\_\_\_(Initial)
  - d) LGBTQ2S+ Presentations \_\_\_\_\_(Initial)
3. I understand that the Be YOUTH Centre is not responsible for my child once the Centre closes for the day or when my child leaves the Centre. \_\_\_\_\_(Initial)

### **Social Media Release Information**

1. I give permission for the Centre to take pictures of my child and use them for media promotions such as newspaper publications, television interviews, pictures displayed on the Be YOUTH Centre website and social media accounts (Facebook, Instagram, YouTube, TikTok). \_\_\_\_\_(Initial)
2. I understand that my child and myself are not able to take pictures of Be YOUTH Centre youth/events and post them on personal social media without permission \_\_\_\_\_(Initial)



## Contact Information:

*Please complete the following:*

Youth's Full Name:		
Preferred Name:		
Youth's Identifying Gender:		
Age:	Date of Birth:	
Address:		
Parent/Guardian Name:	Relationship to Youth:	
Parent/Guardian Email:		
Home Phone:	Cell/Work:	Youth Cell:

## Emergency Contact Information:

Full Name:	Relationship to Youth:
Home Phone:	Cell/Work:
Full Name:	Relationship to Youth:
Home Phone:	Cell/Work:



## **Custody or Guardian Information:**

The Be YOUth Centre prioritizes the safety of all youth and staff who attend the Centre. This information is kept confidential and locked up in a filing cabinet that only staff have access to.

If you may wish to speak directly to a staff member regarding any of the following, please stop by the Centre, or contact us via phone.

If a custody order or any other legal documents governing the custody or guardianship of your child exists, a copy of the most recent custody document must be given to the staff members of the Be YOUth Centre.

Yes, there is a custody order, etc. in place

No, this does not apply to my child

Are there any other familial strains that the Be YOUth Centre should be aware of? For example, if a family member, friend, etc may pose a risk of safety to the youth or is not permitted to see the youth. If yes, please specify below.



## Medical Information:

All information is kept confidential and locked in a filing cabinet that only staff have access to.

**Health Care Number:**

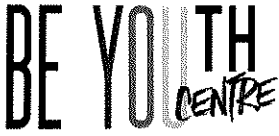
**Medical Conditions:**

**Diagnoses:**

**Allergies and other intolerances:**

**Current Supports/Resources:**

\*FSCD, McMan, Bridges, etc. Any present resources aiding the youth.\*



## Transportation Permission

The Be YOUth Centre takes part in out of Centre activities, and staff have Third Party Liability Insurance Coverage on their personal vehicles to transport youth to and from activities. There are times we may be taking buses to transport youth to and from activities that occur out of the Centre.

To allow staff to transport (youth) \_\_\_\_\_ to out of Centre activities, please sign below.

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

\_\_\_\_\_  
Date

If the youth have certain preferences when being transported by our staff, please specify them below. Examples are, 2 staff need to be present in the vehicle, have a history of running away, claustrophobic, etc.



## Youth Medication Form

Youth's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Prescription: \_\_\_\_\_

Dosage: \_\_\_\_\_

Times Medication is to be taken: \_\_\_\_\_

Is medication required to be taken with food:      YES              NO

\*All medication must be sent to the Be YOUTH Centre in the original bottle along with the original label. Medication must be handed in to the Executive Director upon arriving at the Centre. It will be kept locked up in a filing cabinet inside the staff office. \*

\*\*Be YOUTH Centre staff cannot administer any medication to youth. The youth are solely responsible for taking their own medication as prescribed. \*\*

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

\_\_\_\_\_  
Date



## **Be Youth Centre Rules and Expectations:**

**The youth will go through this part of the form with Centre Staff.**

1. Use appropriate language. \_\_\_\_\_ (Youth Initial)
2. Respect people's personal space by ensuring you have permission to enter their space and touch their property, including the equipment at the Centre. \_\_\_\_\_ (Youth Initial)
3. No Smoking, Vaping, Drugs or Alcohol (If you show up intoxicated or under the influence you will be asked to leave, staff will ensure you make it home safely). \_\_\_\_\_ (Youth Initial)
4. No Bullying, Sexism, Racism, or Discrimination. \_\_\_\_\_ (Youth Initial)
5. Clean up after yourself and put all items away after using them, this includes helping with meals, general cleaning, and maintenance at the Centre. \_\_\_\_\_ (Youth Initial)
6. Respect the Dress Code - no inappropriate comments or language on clothing, shorts/skirts must be appropriate length, chest must be covered- if dress code is not respected you will be sent home. \_\_\_\_\_ (Youth Initial)
7. Respect ALL youth, staff and community members. \_\_\_\_\_ (Youth Initial)
8. Food and Beverages stay in the kitchen. \_\_\_\_\_ (Youth Initial)

If rules are not being followed, the youth will be sent home for the rest of the day/evening. If a youth continues to disrespect rules on numerous occasions, then there will be suspensions from the Centre.

\_\_\_\_\_  
Youth Signature

\_\_\_\_\_  
Date



**General Conditions:**

1. If at any moment you wish to revoke permission for your child to attend the Be YOUTH Centre, you will need to come to the Centre to sign an additional form to do so. \_\_\_\_\_(Initial)
2. The Be YOUTH Centre will not assume responsibility for anything that happens because of false information given at the time of this permission form.  
\_\_\_\_\_(Initial)
3. Parents/Guardians agree to communicate on an ongoing basis and will update the Be YOUTH Centre staff to any changes that need to be updated on this form. To do so, please text or call 403-502-2210. \_\_\_\_\_(Initial)
4. We respect the right of youth and their families to be heard, informed and involved in decision making in matters affecting them. The youth and their parents/guardians have the right to grieve or complain about any Be YOUTH Centre decisions negatively impacting them.
  - If at any point you wish to file complaints with the Be YOUTH Centre, you can contact our Board of Directors via email at [mhyaschair@mhyas.com](mailto:mhyaschair@mhyas.com) or the Co-Executive Directors via email at [brittanie.bruder@beyouth.ca](mailto:brittanie.bruder@beyouth.ca) or [maddy.thurrott@beyouth.ca](mailto:maddy.thurrott@beyouth.ca).

I acknowledge that I have read and agree to all terms and conditions stated in this permission form.

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

\_\_\_\_\_  
Date