



Native American Health Center YOUTH SERVICES PROGRAM



Youth Participant Information Please Print Clearly

Participants Full Name:

Date of Birth:

Gender:

If you'd like to receive NAHC Youth Services Program updates & special information please provide your email

Email:

Ethnicity :

If Native American ,Tribal Affiliation:

Street Address:

City:

State:

Zip Code:

Home Phone:

Cell:

Name of School:

Grade:

Parent/Guardian:

Relationship to youth:

Address if different:

Home Phone:

Work:

Cell:

If you'd like to receive NAHC Youth Services Program updates & special information please provide your email

Email:

Emergency Contact and Medical Information In case of an emergency please provide additional contacts.

Name:

Relationship to youth:

Home Phone:

Work:

Cell:

Alternate Contact

Name:

Relationship to youth:

Home Phone:

Work:

Cell:

Family Doctor:

Medical #:

Preferred Hospital:



Native American Health Center YOUTH SERVICES PROGRAM



Youth Information

Describe in detail the nature and severity of any medical issues, limitation, disability or condition to which your child/youth is subject and of which the staff should be aware, and if any special attention is required.

Please include names of medications and dosages that must be taken.

Please be aware that all medication must be self-administered, staff cannot distribute any medications of any kind.

Please complete the following areas that apply for the participant. If necessary, add another page with details.

For your child/youth's safety and our knowledge, is your child/youth a? Please circle one

Good Swimmer

Fair swimmer

Non-swimmer

Does your child/youth have allergies to any of the following?

Pollens:

Medications:

Foods:

Insect Bites:

Other:

If so please describe severity :

Does your child/youth suffer from, has ever experienced, or is being treated for any of the following?

Asthma:

Diabetes:

Other:

Does your child/youth wear any of the following?

Glasses

Contact lenses

Please list and explain any major illnesses your child/youth experienced during the last year:

Is your child taking any medications for physical and/or mental needs? If so please describe

Should the child's/youth's activities be restricted for any reason? Please explain:

Special needs (including dietary, physical, mental and/or learning):

Does your child receive services at the Native American Health Center? If so please circle those that apply.

Medical

YES

NO

Dental

YES

NO

Community Wellness Department: Counseling Services

YES

NO

Other



**Native American Health Center
YOUTH SERVICES PROGRAM
Parental/Guardian Consent and authorization**



I have legal custody of the participant _____, a minor (hereinafter "my child", and have given permission for my child to participate in the activities, events and projects of the Native American Health Center Youth Services Program for the years of 2022 and 2023. In the event that my child needs emergency medical treatment, I authorize Native American Health Center Inc.'s employees, consultants and/or volunteers to secure the necessary emergency medical treatment to protect the life and health of my child. I understand that an attempt to contact me via the phone number provided by me will be made prior to any medical treatment being initiated; however I authorize Native American Health Center Inc. employees, consultants and/or volunteers (the "Releasees") to authorize the provision of emergency medical treatment without any consent beyond this authorization where a delay in treatment would not be in the best interest of my child. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of Native American Health Center Inc. to obtain care when a physician in the exercise of her/his best judgment deems it advisable. The authorization is given pursuant to the provision of Section 6550 of the California Family Code and Section 1283 of the California Health and Safety Code . I understand and agree that I am solely responsible for all costs related to such diagnosis, treatment or hospital care and any related medical transportation and I release all parties from any type of liability for anything that may happen during my child's treatment. I further understand that every effort will be made to protect the wellbeing of my child. However, I agree that in case of accidental injury or illness Native American Health Center Inc., the Board of Directors and individual employees, consultants and volunteers will not be liable and will be held harmless and indemnified for any injuries experienced through any of the youth programming, specifically program areas that include a high level of physical activity. I covenant not to make or bring any such claim against Native American Health Center, Inc. or any Releasees and forever release and discharge Native American Health Center, Inc. and all other Releasees from liability under such claims. I understand that if my child is transported it will be assigned to ride in an insured vehicle provided by the Native American Health Center Inc.. This authorization does not extend to claims for gross negligence, intentional or reckless misconduct or any other liabilities that California law does not permit to be released herein. I further understand that by signing this authorization, I am waiving any and all claims, of any kind arising out of or attributable to my child's participation in the activities, events and projects of the Native American Health Center Youth Services Program, including those claims that may be unknown to me, or which I do not suspect to exist at this time. With the intention of waiving all unknown and unsuspected claims, I hereby expressly waive all rights, benefits and protections I may have under California Civil Code Section 1542, which reads as follows: **A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release and that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.** My child/youth has permission to be transported in NAHC Youth Services Program Vehicles for fieldtrips, activities, events and special trips. This includes traveling on public transportation and walking trips. **Initial**_____

I grant permission to the Native American Health Center Inc., to take photographs/digital images, video, and/or audio recording or quoted remarks of my child. I further understand that my child's image, voice and likeness can be used in promotional and educational materials. These materials might include printed or electronic publications, websites, blogs, social media or other electronic communications. I acknowledge that any image (s) or recordings taken become the sole and exclusive property of the Native American Health Center Inc. I hereby irrevocably consent to the unlimited worldwide use by the Native American Health Center Inc., its subsidiaries, successors, and assigned contractors and third parties, of my child's likeness, photographs and reproductions of their face and/or body in any form, together with all accompanying sound recordings. I release the Native American Health Center Inc. from any and all liability arising out of the use of my video reproductions, photographs and sound recordings, including without limitation any claims arising out of my child's right to privacy or right of publicity and any claims based on distortions or reproductions. I further acknowledge that my participation is voluntary and that neither I nor my child will receive financial compensation of any type associated with the taking or publication of these materials. **Initial**_____

I, _____ (parent/guardian), understand that my child as a youth services participant will be asked to take part in surveys, evaluations and focus groups periodically to assist in the process of grant proposals, fundraising, program information/documentation and promotional use. **Initial**_____

Some youth may benefit from additional support and referral services which are provided by Youth Services and Community Wellness Department staff. Services are voluntarily, but if the need arises I am giving prior consent for my child to participate in prevention and/or early intervention services. These services are not mental health treatment services. Services are funded through Alameda County Behavioral Health Care Services (ACBHCS) Network. My child's information is considered confidential and is guided by regulations regarding the use and disclosure of confidential health information (HIPAA). I understand that my and my child's identifying information is shared with Alameda County Behavioral Health Care system .I further understand that my child has the right to choose to participate or not participate in these services and has the right to stop services at any time. **Initial**_____

I understand that all information shared in the Youth Services Program will remain confidential and will not be shared with others without my consent. I also understand that there are conditions under which this confidentiality must be broken and information about my child must be shared with the appropriate individuals. These conditions include: (1) if: there is a suspicion of child abuse/neglect, (2)the child is in danger of hurting himself/herself (3)the child is in danger of hurting another. **Initial**_____

Parent/Guardian Name			
Parent/Guardian Signature		Date	



Native American Health Center YOUTH SERVICES PROGRAM



RESPECT YOURSELF

- Please treat others, as you want to be treated.
- Please help to keep the Native American Health Center Youth Services Program a safe environment; free from Drugs, Alcohol and Violence.
- Native American Health Center Youth Services Program has a **Zero Tolerance for Violence Policy**. If there is a problem please inform a Staff person immediately. All people who do not uphold the **Zero Tolerance for Violence Policy** will be asked to leave the Native American Health Center Youth Services Program.
- Native American Health Center Youth Services Program is a **Hate Free Zone**. We do not discriminate against race, gender, age, sexual preference, religion or creed.

RESPECT SPACE

- When using equipment, please return it in the same condition you found it in.
- Please clean up after yourself.
- Please refrain from running around the Health Center, be mindful that other people are working and may need quiet time.
- Please get permission from Staff to use computers or phones.

RESPECT OTHERS

- No personal electronic device use, such as cell phones, headphones, etc. during group time or meetings.
- Please keep your hands to yourself. NO BULLYING, or HORSEPLAY what so ever.
- Please refrain from using foul, hostile and violent language this includes put-downs.
- Please respect Youth Services Program Staff and their desk/personal space.
- Please respect **all** Presenters, Guests and Volunteers.
- When away from Youth Services (field trips, events, etc.) please respect all other Staff, employees and the environment. Remember that we represent the Native American Health Center Youth Services Program and our community.
- Please respect the confidentiality of others, by respecting ones right to privacy.

CONSEQUENCES

1st Consequence: Open Discussion and Verbal Warning and/or call to parent/guardian

2nd Consequence: Being excused from Youth Services Program for the day & call to parent/guardian

3rd Consequence: Meeting with parent and a behavior contract created, if not followed the possibility of being excused from the Native American Health Center Youth Services Program until further notice.

Please follow the Ground Rules as they apply to everyone.

Last but not least and most important **Have Fun, Be Happy and Relax!**

Native American Health Center Youth Services Program strives to provide a safe and comfortable space for Youth to learn, grow and to express their needs and concerns. NAHC Youth Services Program strives to refrain from judgment and to respect youth where they are *Emotionally, Spiritually, Physically, and Culturally* in their lives.

Participant Signature _____ Date _____

Guardian Signature _____ Date _____

YOUTH SERVICES COPY



Native American Health Center YOUTH SERVICES PROGRAM



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Participant Signature _____ Date _____

Guardian Signature _____ Date _____

YOUTH/PARENT COPY

Friendship House Association of American Indians of San Francisco
Youth Program Year 2023-2024

YOUTH ENROLLMENT FORM

This registration form must be completed and returned for participation in the 2023-24 Youth Program.

Participant's Name: _____ Birth Date: _____ Gender: _____

Current School of Attendance: _____ Grade: _____

Name of Parent / Guardian: _____

Address: _____ Email: _____

Preferred Phone: _____ able to receive text messages at this number

Tribal Affiliation: _____

Doctor's Name: _____ Phone Number: _____ Health Insurance: _____

Policy or Plan # _____

Name of Emergency Contact: _____ Relationship: _____

Address _____ Zip _____ Day Phone _____ Night Phone _____

Does this participant have any physical, psychiatric, emotional, or behavioral conditions of which the Youth Group should be aware? Please use the back of this form or additional pages to explain, if necessary.

Restrictions on activities: _____

Regularly prescribed medications and doses: _____

Allergies or special diet: _____

MEDICAL AUTHORIZATION:

The health history above has been provided to the best of my knowledge. The person herein described has my permission to engage in all activities except as noted above. The following authorization permits the staff of Friendship House Youth Program to take whatever steps they deem necessary to ensure the wellbeing of my child should a medical emergency occur during a Youth Group activity. Every attempt will be made to contact the child's care-givers and/or Emergency Contact if an emergency should occur.

I, _____, hereby authorize Friendship House Youth Program to take necessary emergency measures in the treatment of (participant): _____ if needed. My child is in good physical health and does not have any conditions or disabilities which may be aggravated except as noted on this form. In the event that I cannot be reached in an emergency, I hereby authorize the physician selected by Friendship House Youth Program to hospitalize, secure proper treatment for, and order injections, anesthesia, and surgery for my child named above.

Signature of Parent / Guardian Date

Friendship House Association of American Indians of San Francisco
Youth Program Year 2023-2024

PARENT / GUARDIAN AUTHORIZATION:

PROGRAMS

- My child/youth has permission to participate in ceremonies, workshops and other program activities with the Friendship House Staff _____ (Initial here)

FIELD TRIPS

My child/youth has permission to travel by public transportation and/or walking for field trips, activities, Ceremony, events, and special trips with the Friendship House Staff. _____ (Initial here)

MEDIA RELEASE:

Friendship House Youth Program has a website where photos and videos from Youth Group events are periodically published. We also have a Youth program bulletin board where we sometimes post photos from events. It is Friendship House Youth Program policy that photos of children are never published with names or other identifying information.

Initial one:

_____ Yes, you can use pictures and videos of my child. I waive any right to royalties or other compensation arising or related to the use of the photographs or videos.

_____ No—please do not print or publish photos of videos of my child online or in any Youth Program-related publications.

GENERAL RELEASE:

I/We hereby grant permission for my/our child _____ to be a member of the Friendship House Youth Program and to participate in activities arranged by the staff in this regard. We recognize the importance of the commitment that he/she makes and that their participation as a part of a larger community requires responsible behavior. Therefore, I/we agree that if this child engages in behavior which, in the judgment of the staff, is not in the best interest of the program, our/my child or any member of the group may be asked to leave the program. I release the Friendship House Youth Program and the Friendship House Association of American Indians, participating agencies, staff and volunteers from all liability in case of theft, damage, or accidents of my child and his/her personal belongings which may occur during program activities. I understand that program schedules will be provided at the beginning of each month. Permission slips for specific outings and events will be provided at the same time as the calendar for outings and events that take place that month. All permission slips are due one week prior to a scheduled event or outing. I understand that if my child does not return a permission slip by the due date, they will be unable to attend the outing/event.

Signature of Parent(s)/Guardian(s)

Name of Parent

Date

EQUIPMENT AGREEMENT FORM:

I, _____, understand that Friendship House Youth Program is loaning a computer for my child in order to participate in the Learning Hub. I understand that while the equipment is in my possession, **I am solely responsible for the equipment lent to my child.** I agree that any equipment lost or damaged in any way or manner at any time, while attending the hub will be my responsibility. As a good sign of faith I hereby promise to take care of all equipment **ONLY** in a manner consistent in which it was intended for. I promise to return all rented equipment in good or same condition prior to leaving this facility.

SIGNATURE OF PARTICIPANT _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____
(IF UNDER 18 YRS OF AGE)

Friendship House Association of American Indians of San Francisco
Youth Program Year 2023-2024

Hub Information:

1. Your child's log in information for school

Username: _____ **Password:** _____

2. Does your child have an IEP?

_____ Yes
_____ No

If yes, does your child need help with anything specific? _____

3. What platform does your child use? _____
4. Please give us a copy of your child's schedule
5. Is there any other additional information you would like us to know about your child's schooling?

YOUTH PROGRAM EXPECTATIONS:

- Respect your peers: avoid teasing, talking at the same time as your peers, name calling, etc.
- Treat the property with respect: no damaging, clean-up after yourself, etc.
- Youth group is not the time for kissing, flirting or other sexual behavior
- Support the staff and your peers with full participation: looking at who is speaking, asking questions, contributing answers, etc.
- Remain with the youth group unless a staff member gives you permission to leave the group
- During talking circles, all electronic devices must be out of site and not in use; including phones, iPods and other mp3 players, e-readers, tablets, laptops, etc.
- Follow any additional rules or directions discussed by staff/youth leaders

There will be a Zero Tolerance policy for the following rules. If a rule is broken once, you and your parents will be told that you will not be able to participate in the Youth Program until further notice.

- Drugs, alcohol, tobacco, and weapons are NOT tolerated or allowed in the youth room or other places we meet as a youth group. If a staff member is informed that a youth member has one of these items, we will ask you to show us what is in your bag or we will need to call your guardian to check your belongings for you
- Violence is NOT tolerated: this includes: hitting, kicking, punching, biting, or any other form of physical assault
- Any observed or reported act of inappropriate sexual behavior is strictly prohibited

I understand that I am expected to follow the guidelines of this contract if I wish to attend the Friendship House Youth Program. If I have questions or concerns, I will come to one of the staff members.

Friendship House Association of American Indians of San Francisco
Youth Program Year 2023-2024

Participant Signature

Participant Name

Date

Parent Signature

Parent Name

Date