

Health Insurance Information

KCHIP? ID # or Child's Social Security #: _____
Company Name: _____ Phone #: _____
ID or Policy Number: _____

If Insurance is through a parent, please list name: _____

Parent's Birthdate: ___ - ___ - ___ Parent's Social Security #: _____

In case of emergency, I give the Amachi, Urban Impact and/or the RTS Staff or mentor permission to take my child to the emergency room or call 911. I give such individuals permission to take the necessary emergency measures. I agree to assume all responsibility and expenses included at this time.

Signature of Parent/Guardian

Date

PLEASE NOTE: *It is the parent/guardian's responsibility to notify Amachi Central KY, Urban impact and/or RTS immediately, in writing, if ANY information on this form changes.*

General Health Information

Does your child have any of the following conditions? Please describe below, including individual allergy symptoms.

- Allergies
 - Bee stings
 - Chemicals
 - Environmental
 - Food (specify) _____
 - Medications
- Heart condition
- Headaches
 - Migraines
- Emotional issues
 - ADD
 - ADHD
 - ODD
 - OCD
 - Mood Swings
 - Anger Issues
- Other:
 - Please explain _____
 - _____
 - _____
 - _____
- Autism/Asperger's
- Ear infections
- Diabetes
- Physical disabilities
- Vision/hearing difficulties/disabilities
- Asthma
- Tuberculosis
- Bone/joint
- Seizures

General Health Information Continued

Does your child take medication on a daily basis?

- No
- Yes- list below
 - o Medication: _____ prescribed for: _____
 - Dosing: _____
 - o Medication: _____ prescribed for: _____
 - Dosing: _____
 - o Medication: _____ prescribed for: _____
 - Dosing: _____

Is there any other information regarding your child's health that you feel our staff and/or mentor should know?

- No
- Yes: _____

I give my permission for my child, _____, to participate in the Amachi, UI and/or RTS program. I understand that Amachi, UI and/or RTS is not obligated to match my child with a volunteer or place them in a mentoring program and that, as part of the enrollment process, I will be asked to provide additional personal information. If my child is matched with a mentor and/or reader, or afterschool and/or summer program, I agree to support my child's match and participation and to immediately report any concerns I might have to the Amachi UI and/or RTS staff.

Signature

Date

Authorization of Release of Information

Child's Name: _____
Date of Birth: _____
Address: _____

Please check the following areas in which you agree to authorize the release of information:

Medical Release

I hereby authorize Amachi Central KY, Urban Impact, and/or RTS and _____ to exchange the following information: *(Identified Mental Health Agency/Worker)*
Diagnosis, evaluations, medications, progress notes, etc., to assist in evaluation and matching

Media Release

I understand that Amachi Central KY, Urban Impact, and/or RTS may use information about match relationships for public awareness about the mentoring program. I have been informed and I release the use of this information.
Purpose of the release: to increase awareness through photos, agency newsletter, television segments, radio, newspaper, etc.

Release of Information to Potential Mentors

I hereby authorize Amachi Central KY, Urban Impact, and/or RTS and potential mentors to exchange the following information: General family information and history; interests; scholastic information; medical and mental health history; etc. (any other pertinent information to assist in matching my child with a mentor)

☐ **School Release**

I hereby authorize my child's mentor to visit them at Fayette County Public Schools (If other district please specify _____) and eat lunch with them on a regular basis. I will provide a written note to the school granting my permission for the mentor to visit during approved school hours.

I hereby authorize Amachi Central KY, Urban Impact, and/or RTS and _____ (identified school) to exchange general and scholastic information to assist in the evaluation and matching process as well as for ongoing services of Amachi Central KY, Urban Impact, and/or RTS.

Disclaimer: I understand that this consent automatically expires 90 days after the closing date of this case with Amachi Central KY, Urban Impact, and/or RTS, unless an earlier date is specified. I am aware that this consent is subject to written revocation by me at anytime.

My signature indicates that I know exactly what is being disclosed and it means that I understand the language of this form. I am aware that this information will be held in confidence and will be used in my child's best interest.

Caregiver Signature: _____

Date: _____

Relationship to child: _____

PARENT/GUARDIAN PERMISSION AND RELEASE OF LIABILITY FOR STUDENT PARTICIPATION

I, _____, am the caregiver for _____ . I give my permission for my child, to participate in programs conducted by Lexington Leadership Foundation, including Amachi and/or Urban Impact. I understand that Lexington Leadership Foundation is not obligated to match my child with a volunteer or place them in a mentoring program and that, as part of the enrollment process, I will be asked to provide additional personal information. If my child is matched with a mentor and/or reader, or afterschool and/or summer program, I agree to support my child's match and participation and to immediately report any concerns I might have to the Amachi and/or UI staff.

I understand that although the student will be supervised by staff and approved volunteers, I do assume the risk for my student's participation in the program. Participation in any specific activity is always voluntary for the student.

I acknowledge that I will not seek to hold Lexington Leadership Foundation liable in the event that any accident, injury, loss of property or any other circumstance or incident occurs during or as a result of participation in this program. This release of liability includes accident, injury, loss, or damages to the student, as well as, to other individuals or property which may result from the student's participation. I hereby release and agree to hold harmless Lexington Leadership Foundation, its officials, agents and employees, from any claims arising out of my student's participation in the program. I have read and understand and accept all of the statements above and accept full responsibility as described.

Parent's/Guardian's Signature

Date: _____

Parent's/Guardian's Signature

Date: _____