

**Next Generation Focus, Inc.  
Summer Camp Participant Form**

**SECTION I: CHILD'S PERSONAL INFORMATION**

<b>A. Legal Last Name</b>	<b>B. Legal First Name</b>	<b>C. Legal Middle Name</b>

<b>D. Date of Birth (MM/DD/YYYY)</b> ___ ___ / ___ ___ / ___ ___	<b>E. Age</b> _____
<b>F. Gender</b> ___ Male ___ Female ___ Other _____	

<b>G. Home Address</b>					
<b>H. P.O. Box/Apt #</b>					
<b>I. City</b>		<b>J. State</b>		<b>K. Zip Code</b>	
<b>L. Home Phone Number</b>					
<b>M. Alternate Phone Number</b>					

**SECTION II: CHILD'S SCHOOL INFORMATION**

<b>A. Grade Level</b> <b>2023-24 School Year</b>	
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<b>B. School Attending</b>	
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<b>C. Is the student an ESOL* student:</b>	___ Yes ___ No * <i>English as a second language</i>
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<b>D. Student School ID Number</b> (the ID Number used at child's school, <b>NOT SmarterMe ID</b> ):



**Georgia Division of Family & Children Services  
Well-Being Services Section  
Out of School Services**

**Parental Permission for Photo Release**

Page 1 of 2

**Page two of this document requests your permission for the Georgia Division of Family and Children Services (DFCS) to take and use photographs of your child and other Out of School Services staff. When we tell others the story about DFCS Out of School Services, it would be helpful to share photographs of the statewide participants. Pictures can enhance people's understanding about who is involved in the program and what activities and services are being conducted. If you have more than one child, this form should be completed for each child participating in DFCS Out of School Services.**

**If you agree for us to take and use these photographs, our use of them will include, but will not necessarily be limited to the following: publications about the program; recruitment activities to reach additional youth who might participate in the future; and/or reports about the program to supporters and others who are interested in the program's outcomes.**

**If you have any questions regarding the Photo Release Form, please contact DFCS Out of School Services at 404-657-4651.**

**Georgia Division of Family & Children Services  
Well-Being Services Section  
Out of School Services**

**Photo/Video  
Release  
Agreement**

Page 2 of 2

**Gwinnett County, Georgia**  
**School/Organization Name: Next Generation Focus, Inc.**

1. I, the undersigned, consent and agree that still photographs, motion pictures, or television presentations in the form of either live or video tape may be made of myself, my child (ren) by the Georgia Division of Family and Children Services.
2. This release gives the Georgia Division of Family and Children Services the right to use the above-listed visual material in conjunction with the teaching, instruction, training, information, and education of employees of the Department or the general public.
3. Further, I hereby release the Georgia Division of Family and Children Services and forever discharge any claim of any nature against them as long as the material is used in compliance with the above-stated paragraph 2.
4. I grant this consent as (parent-guardian) a voluntary contribution in the interest of the said reasons listed in paragraph 2.
5. I understand this Photo/Video Release Agreement does not apply to children in foster care. I further understand if my child is in the foster care system within Georgia, they are not allowed to be photographed or included in motion pictures or television.

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

Parent/Guardian Address \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Telephone \_\_\_\_\_

**Photo Description: Participation in DFCS funded Out of School Services activities.**

Children Participating in Program:

Name \_\_\_\_\_ Age \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**Photographer or producer or witness:** \_\_\_\_\_

**Georgia Division of Family & Children Services  
Well-Being Services Section**

**Out of School Services**

**Participant Medical Information Form – Page 1  
(To be maintained on site for each participant)**

STUDENT INFORMATION			
Legal Name of Child ( <i>Last, First</i> ):		Date of Birth ( <i>MM/DD/YYYY</i> ):	Age: Sex ( <i>check one</i> ): <input type="checkbox"/> Male <input type="checkbox"/> Female
Street Address:		Home Phone No:	
P.O. Box/Apt #:	City:	State:	Zip Code:
INSURANCE INFORMATION			
Does the child have health insurance coverage? → Yes → No		Name of insurance provider (if applicable):	
MEDICAL INFORMATION			
Does the child have any allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:			
Does the child have any other medical conditions (disabilities, infections, viruses, diseases, etc)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:			
Is the child currently taking any medications (prescribed and non-prescribed)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list them:			
IN CASE OF EMERGENCY			
Contact Name:	Relationship to youth:	Home Phone Number:	Work Phone Number:
Alternate Contact Name:	Relationship to youth:	Home Phone Number:	Work Phone Number:

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**PLEASE SIGN PAGE 2 TO VERIFY THE INFORMATION PROVIDED**

**Participant Medical Information Form – Page 2**

**By signing below, I certify the above information is true to the best of my knowledge. I authorize Next Generation Focus, Inc. to contact me if my child is injured and/or harmed in any way. I also authorize Next Generation Focus, Inc. to seek medical attention for my child if he or she is injured and/or harmed and needs immediate medical assistance at a local hospital or emergency care center. I certify that I and/or our family's insurance provider will be responsible for any financial medical costs that may be associated with all medical attention and treatment given to my child. In consideration of their granting my child the opportunity to participate in Out of School Services. I hereby release, indemnify, and hold harmless the Division of Family and Children Services and Next Generation Focus, Inc. from any liability, claim or demand resulting from any legal medical attention and assistance that may be needed and provided as a result of an injury or harmful incident to my child.**

\_\_\_\_\_

Legal Name of Parent (print)

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Parent Signature

\_\_\_\_\_

Date