

Sacramento Minority Youth Violence Prevention Collective
S.H.O.P
(Safety, Health, Opportunities & Practice)
Youth Program
2018

STUDENT INFORMATION

 First Name

 Middle Initial

 Last Name

 Home Address

 City

 State

 Zip Code

 Date of Birth

 Age

 Gender

 Primary Language

 School

 Grade

 Any Food/Allergies?

 Medication?

PARENT INFORMATION

 Parent/Guardian Name(s)

 Home Address (if different from above)

 City

 State

 Zip Code

 Text Phone Number

 Work Phone Number

 Home Phone Number

 Email Address

EMERGENCY CONTACT INFORMATION

 First Name

 Middle Name

 Last Name

 Relationship to Child

 Home Phone Number

 Alternative Number



*This program is financially assisted by the California Governor's Office of Emergency Services (Cal OES).

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I authorize and give permission that the Health Education Council photograph and videotape or film my child, and I as well, as long as my children participate in the program. I recognize that neither I, nor my children will be compensated by the center or by a third person for the use of the images. I give permission to the Health Education Council to use the images to demonstrate program impact on several social media, including, but not limited to Health Education Council's website, newsletters, Facebook, and Instagram.

Parent Signature/ Guardian ___Letticia Gilmore_____ Date_ June 6, 2018

Field Trip Permission

I give permission for my child (above stated students) to participate in all of the field trips that are coordinated by the Health Education Council and partners. I understand that field trips are reserved for students who regularly attended scheduled workshops. I understand that space is usually limited, and **students with high attendance rates, and have authorized permission to participate in photos and/or video will be given priority.** In case of emergency I authorize my child to receive medical treatment.

Parent Signature/ Guardian _____ Date _____



G.A.P.
Gang Awareness & Prevention



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