

TLC TRAINING & CONSULTING SERVICES

LEARNING FOR LIFE YOUTH PROGRAMS

Youth Referral Form

All information on this form will be kept confidential and is for agency use only

REFERRING AGENCY _____

PHONE: _____

REFERRAL DATE: _____

NAME OF PERSON SUBMITTING THE REFERRAL: _____

NAME OF REFERRAL SOURCE: _____

PROGRAM YOU ARE REFERRING YOUTH TO:

- Pathways to Employment I _____
- Pathways to Employment II _____
- Pathways to Employment III _____
- Diamonds in the Making Day Camp ____ Diamonds in the Making Program _____
- Learning for Life Mentoring Program: _____

YOUTH CONTACT INFORMATION

YOUTH'S NAME _____

DOB: _____ AGE: _____

SCHOOL: _____ GRADE: _____

GENDER: _____ RACE: _____

PARENT CONTACT NUMBER: _____

ALTERNATIVE NUMBER: _____

YOUTH ADDRESS: _____

CASE WORKER NAME: _____

CITY: _____ STATE: _____ ZIP: _____

CASE WORKER CELL NUMBER: _____

Is the Youth currently in school Yes or No

Does Youth read at current grade level Yes or NO

If no, what grade level: _____

School Principal: _____

Does Youth write at current grade level? Yes or NO

If no, what grade level: _____

School Counselor: _____

Does Youth perform at current Math Level? Yes or NO

If no, what grade level: _____

YOUTH INFORMATION

What are the youths' interest, hobbies, favorite sports, and activities, career aspiration?

Are there any concerns or problems the program should be aware of?

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YOUTH INFORMATION

Why do you think the youth can benefit from the program?

What is your expectation from the program?

Why is the youth being referred?

INFORMATION ABOUT YOUTH'S PARENT/LEGAL GURADIAN

NAME: _____

RELATIONSHIP: _____

PHONE NUMBER: _____

WILL PARENT BE PROVIDE TRANSPORATION?: _____

DOES PARENT SUPPORT YOUTH ATTENDING PROGRAM?: _____

PARENT ACTIVE IN YOUTH DEVELOPMENT:?? _____

WHAT IS THE EXPECTATION FROM THE PARENT?

SIGNATURE OF PERSON MAKING THE REFERRAL: _____

DATE: _____

PARENT OR GUARDIAN'S SIGNAGRE: _____

DATE: _____

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Write Yes or No to the following questions

1. Does the youth want to attend program?
2. Is youth self-directed?
3. Can youth work well with other youth in a social or education setting?
4. Is youth reserved?
5. Is youth outgoing?
6. Can youth work independently?
7. Can youth read on a 5th Grade Level?
8. Can youth follow simple direction?
9. Can youth work well in a group or team setting?
10. Is youth involved or have been involved similar program?
11. Is there any other pertinent or relevant information to know to help youth become successful in the program?



MEDICAL RELEASE FORM

YOUTH INFORMATION

First: _____ Last: _____ Birth Date: _____ Age: _____

School: _____ Grade: _____ Home #: _____

Address: _____ City: _____ Zip: _____ County: _____

Mother's Name: _____ Work # _____ Cell # _____

Father's Name: _____ Work # _____ Cell #: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

YOUTH MEDICAL INFORMATION

Please identify allergies including allergies to food, medications, and drug reactions:

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please include any additional remarks and special instructions to better assist emergency service personnel.

MEDICAL INSURANCE INFORMATION



MEDICAL RELEASE FORM

Medical Doctor's Name: _____ Phone: _____

Insured Parent Name: _____ Insured Parent Employer: _____

Insurance Company Name: _____ Policy: _____

Insurance Address: _____ City: _____ State: _____ Zip: _____

Insurance Company Phone: _____ Work # _____ Cell #: _____

AUTHORIZATION, CONSENT AND RELEASE

I, parent or guardian of said child understands that in the event of a medical emergency, every effort will be made to contact the parent/ guardian or representative listed above. However, in the event that the above-named parent or guardian cannot be reached. I hereby authorize TLC Training and Consulting Services or Learning for Life Youth Programs to such license physicians, nurses, medical authorities, and/or hospitals to administer proper treatment for my child and/or to order and have administered to him/her such injection, medication, anesthesia, surgery, hospitalization or such other medical practices as is deemed necessary.

I have noted on this Medical Release Form any and all conditions which may affect my student's participation. I do hereby assume all risks, and I agree to release and hold harmless TLC Training and Consulting Services & Learning for Life Youth Programs, its representatives, assistants, employees, and all related entities from any and all liability, loss or damage actions, and claims.

This shall serve as a release and assumption of risk for their heirs, executors, and all personal representatives. I further state that I have listed above all known allergies and health problems for my child

Parent or Guardian's Signature: _____ **Date:** _____

Note: This medical Release will be in effect while youth is attending the program:



PHOTO RELEASE FORM

I grant "Learning for Life Youth Programs to allow the following:

- ☐ Take photographs and/or video footage and use them for reporting and outreach literature.
- ☐ Use my personal story or interview as a testimonial for any form of mass media outreach, education or internal communication.
- ☐ Obtain information from myself and/or from all agencies, employers, institutions and, or businesses that may assist with my eligibility determination of any employment services

I have read and fully understand the above information. I or my guardian is at least 18 years of age of older.

Further, I also understand that TLC Training & Consulting Services and Learning for Life Youth Program also holds the rights to all information and data collected on me and that by signing this document, I understand that I am authorizing full disclosure of any media related items related to me. I also know that my personal information will not be released to the public.

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Participant's Name (please print)

Participant's Signature

Participant's Phone

Alternate Phone

Parent/Guardian Signature

Date

LFL Staff

Date

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LEARNING FOR LIFE YOUTH PROGRAM

Permission Form & Waiver

I _____, the parent of _____ ("my child"), give permission

for my child to **travel and attend** various outings, programs and events with the **LEARNING FOR LIFE YOUTH PROGRAM**. ***I understand that I will be notified in advance of various outings and activities that requires the participant to travel with the program staff or team member to and from the program and program outings.***

I understand that personal injury can and may occur to my child, and I hereby authorize LFL Youth Program or another appointed advisor, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention. In the event of an injury, I understand that every reasonable attempt to contact me or designated emergency contacts will be applied.

I hereby release **LEARNING FOR LIFE YOUTH PROGRAM**, its employees, agents and volunteers, from any and all liability, claims, demands, causes of action and possible causes of action whatsoever arising out of or related to any loss, damage or injury (including death) that is not due to negligence that may be sustained by my child while participating in or traveling to and from this event.

I give permission for my child to ride in any vehicle designated by **LEARNING FOR LIFE YOUTH PROGRAMS**, its employees and adult volunteers, while participating in and traveling to and from this event.

I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of LEARNING FOR LIFE YOUTH PROGRAMS, properties visited on outing, other's personal property, or vehicles used for transportation.

I agree and consent to all of the above stated.

Camper Name: _____

SECTION C: MEDICATION ADMINISTRATION & AUTHORIZATION

LFL Diamonds in the Making "Day Camp for Girls requires that a camper's parent/guardian and health care provider Medication Administration & Authorization before we may administer medicine to the camper or allow the camper to self-manage care and delivery of medication. All prescription and over-the-counter medication must be carried in its original, labeled container and no more than is necessary should be brought to camp each day.

Please note: A health care provider's signature is required for all prescription and over the counter medication, with the exception of over the counter topical ointment.

THE FOLLOWING SHOULD BE COMPLETED BY YOUR CAMPER'S MEDICAL PROVIDER

Name of Medication	Time/Frequency of Administration	Dosage	Notes

Additional notes, directions (e.g., with water/on empty stomach/etc.), precautions, or possible side effects:

Signature of Licensed Medical Personnel: _____

Printed name: _____

Date: _____ Title/Degree: _____

Address: _____

Telephone: (_____) - _____ - _____ Fax: (_____) - _____ - _____

PARENT SIGNATURE REQUIRED TO AUTHORIZE MEDICATION ADMINISTRATION

I certify that I have legal authority to consent to medical treatment, including the administration of medication, for the named child. I grant permission for the exchange of information as necessary and proper in regards to the aforementioned medication(s), and in accordance with pertinent HIPAA rules and regulations.

I hereby request and authorize LFL Diamonds in the Making to supervise the administration of the medication(s) listed above, and I understand that it is my responsibility to develop an appropriate plan for doing so which includes clear instructions for my child and communication with camp personnel. I, personally, and on behalf of my child and anyone else who may claim on my or my child(ren)'s behalf, shall indemnify and hold harmless The LFL its affiliated and subsidiary companies, as well as its owners, directors, officers, employees, and agents from and against any claims that may arise relating to the administration of medication(s) listed above.

In the event of an emergency, I request and authorize The LFL "Diamonds in the Making personnel to administer or supervise the administration for the emergency medication listed above in accordance with, and subject to, The LFL "Diamonds in the Making" Day camp for girls policy for administering emergency treatment and the LFL Summer Camp Waiver and Release of Liability to which I consented to as part of my child's registration process.

Parent/Guardian Name (Print): _____

Parent/Guardian's Signature: _____ Date: _____



What are your procedures for food allergies and medication policies at camp?

If medication is to be given at camp, a separate Dispense Medication Release Form must be completed. If your child has allergies requiring medication, an Allergy Action Form is also required.

Parents should report any diagnosed case of a communicable disease such as strep throat, ringworm, fifth's disease, pinkeye, lice, etc to their child's camp teacher. Child should not be expected to be picked up until 24 hours after symptoms and/or fever have disappeared. Campers may return 24 hours after the first dose of antibiotics is taken and when fever and symptom free for 24 hours without the use of Tylenol, Motrin, Advil or aspirin.

Medication Policy

- If parents make note that their child has a special need that requires medication (asthma, food allergy) LFL MUST have that medication at camp no matter how mild the condition may be in order for the child to stay at camp
- Children with life-threatening allergies must have a signed Allergy Action Form on file
- Parents are encouraged to administer medicine early morning before camp if necessary
- Prescription medication must be brought in its original container and labeled with the child's name
- **Please only send daily dosages**, as we cannot be responsible for an entire prescription
- Please hand any of the above necessary medication to a LFL team member for it to be placed in the appropriate location. Do not give it your child.
- Staff will NOT administer shots or injections to campers
- Learning for Life reserves the right to not administer medication which is considered an unreasonable accommodation

Food Allergy Procedures

- Any food provided by Learning for Life Youth Program will be peanut-free
- All campers must wash hands or use hand sanitizer before and after eating
- Campers with peanut allergies will sit at a designated peanut-free table
- Please make counselors aware of any camper's food restrictions (example: no pork or gluten free diets). While we understand camper's food restrictions, Learning for Life Youth Program cannot accommodate every camper's dietary request excluding food allergies