

**Sibshop of the Rappahannock Area
The disAbility Resource Center
Spotsylvania County Public Schools' Parent Resource Center
Stafford County Public Schools' Parent Resource Center
540-373-2559**

Returning Sibs Permission and Information

Date: _____

Child's Name: _____ Birthday: _____ Grade: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Does your child have any special needs, food allergies, other health restrictions or medical issues that we should be aware of? If yes, what are they? Are there any specific directions we need to follow with regards to any concerns?

Parent(s)/ Guardian's Contact Information

Father: _____ Home #: _____ Cell: _____

Mother: _____ Home#: _____ Cell: _____

Emergency Contact Information (Other than parent(s)/guardians)

Emergency Contact #1: _____ Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

Emergency Contact #2: _____ Relationship to Child: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home phone: _____ Cell phone: _____

My child has my permission to attend Sibshops on _____ (date)

Signed: _____

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Confidentiality Statement/Release of Information

I hereby give my child permission to participate in Sibshops. I also agree to hold the disAbility Resource Center, Spotsylvania County Public Schools, and Stafford County Public Schools harmless for any and all liability incurred as a result of my child's participation.

All information concerning your child from the Sibshop of the Rappahannock Area is confidential without exception.

Occasionally the disAbility Resource Center (dRC) and Spotsylvania and Stafford Parent Resource Centers use photos of their activities, including Sibshops, in their newsletter, flyers, and webpage. **Please initial your response:**

_____ I do not give permission to use my child's name or picture in any publication of the above organizations..

_____ I give permission to use my child's name and/or photograph in presentations or other publicity if I am notified in advance of the event and have the opportunity to decline.

Signature: _____ Date: _____