

SAY Sí MEDICAL INFORMATION AND RELEASE FORM
Student Applicant Information

2021



First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth (mm/dd/yyyy): _____ Date of Last Tetanus Booster: _____

Sex: _____ Student's Preferred Pronouns (She/He/They): _____

Is your child on an IEP in their school? Yes No Prefer Not to Answer

[IEP can be any Individualized Education Program or Special Education Services] If yes, please submit a copy for your student's file.

Any learning challenges? _____

Any emotional/behavioral challenges? _____

Physical Difficulties? _____

Currently on any Medications _____

Additional Information you feel we should know (ex. triggers or coping mechanisms): _____

Please check all that apply

Allergies Yes No

Medicine _____

Food _____

Environment _____

COVID-19 Vaccine Information *[copy of vaccine card or other immunization record required for in-person participation]*

Has your child received at least one COVID-19 vaccine shot? _____ YES _____ NO

IF YES, FILL OUT THIS SECTION:

Type of vaccine _____ (Pfizer, Moderna, Johnson & Johnson, etc.)

Date of COVID-19 vaccine #1 _____ Date of COVID-19 vaccine #2 _____

If NO, but a COVID-19 vaccine is SCHEDULED, list the date of the first dose scheduled here:
_____ (Month/Day/Year)

If NO, and a COVID-19 vaccine is NOT scheduled, please let us know if you need help scheduling the shot or please confirm that your child will only be participating in SAY Sí virtually and not in person unless their vaccination status changes.

Primary Care Physician: _____ Phone Number: _____

Does your child have a counselor/therapist/case manager we could contact if a crisis should occur? Yes No

If yes, who: _____ Title: _____ Phone Number: _____

Insurance Policy Holder

Policy Holder Name: _____ Relationship to Student: _____

Best Phone #: _____ 2nd Best Phone # to reach you: _____

Address: _____ City: _____ State: TX

_____ Zip Code: _____

Health Insurance Company: _____ Policy Number: _____

Emergency Contact Information *[Other person to notify if parent/guardian is unavailable]*

Relationship to Student: _____

Emergency Contact Name: _____ Emergency Contact Phone #: _____

Medical Consent/Release

As the parent/legal guardian of _____, I request that in my absence the above named minor child be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, nurses, dentists and staff to perform any diagnostic procedures, treatment procedures and operative procedures to the above named individual. I have not been given any guarantee as to the results of any treatment if performed on the above named individual.

I hereby accept any financial responsibility for any and all medical treatment necessary to be administered to the above named child in the event of an accident, injury, sickness, etc. Any representative of the following organization is designated to act on my behalf until I have been contacted: SAY Sí, San Antonio Youth YES!

If an illness or injury results in my child's hospitalization or inability to travel home at the end of a SAY Sí activity, I agree to make necessary arrangements to have a family member or other responsible party travel to SAY Sí's program location to provide assistance. SAY Sí staff will be unable to remain with my child after the program activity ends.

I further agree to provide SAY Sí information about any symptoms of illness, particularly any communicable disease, my child may have prior to any in-person SAY Sí program activity. SAY Sí may request that my child not participate if doing so poses a risk to him/herself/themselves or others.

General Release

I understand the above-named minor child assumes any and all risks that might be associated with the activities that he, she or they may be involved in and release all rights and claims for damages which the above named, heirs, executors, administrators assign, or as I may have against SAY Sí, San Antonio Youth YES! its directors, officials, teachers or representatives for any and all injuries or damages of any kind as a result of their participation.

Parent/Guardian Name [Print] _____ Relationship to Student: _____

Parent/Guardian Name [Signature] _____ Date: _____



SAY Sí Student Household Economic Information Self-Certification Form

Participant (Student) Name: _____

Primary Household Parent Name: _____ Relationship to Student: _____

Number of persons in student’s primary household: _____

Primary Parent Phone: _____

Primary Address: _____ City: _____ TX Zip Code: _____

As part of our commitment to access of creative youth development for San Antonio’s marginalized communities, SAY Sí collects economic information on annual income. First priority into the program is given to students from lower economic households and areas. SAY Sí holds your privacy with the utmost respect and does not share personally identifiable information externally. When reporting to funders it is under a confidentiality agreement and shared as an aggregate. In the event that disaggregated information is required, SAY Sí makes every effort to redact personally identifiable information.

Please indicate the number of persons in your household, and then check the correlating box that contains your annual family income.

NOTE: “Income” is the total annual gross income of all family and non-family members 18+ years old that are living in the household.

Economic Level: Check One based on Household Size

Household size	Extremely Low Income (Below 30% of Median)	Very Low Income (Between 30% and 50% of Median)	Low Income (Between 50% and 80% of Median)	Middle Income (80% of Median to Median)	Above Median Income (Median to 50% Above)	Extremely Above Median Income (Over 50% Above)
1	<input type="checkbox"/> \$14,950 or lower	<input type="checkbox"/> \$14,951 - \$24,805	<input type="checkbox"/> \$24,806 - \$39,800	<input type="checkbox"/> \$39,801 - \$49,750	<input type="checkbox"/> \$49,751 - \$74,650	<input type="checkbox"/> over \$74,651
2	<input type="checkbox"/> \$17,050 or lower	<input type="checkbox"/> \$17,051 - \$28,400	<input type="checkbox"/> \$28,401 - \$45,450	<input type="checkbox"/> \$45,451 - \$56,500	<input type="checkbox"/> \$56,501 - \$84,750	<input type="checkbox"/> over \$84,751
3	<input type="checkbox"/> \$21,330 or lower	<input type="checkbox"/> \$21,331 - \$31,950	<input type="checkbox"/> \$31,951 - \$52,150	<input type="checkbox"/> \$52,151 - \$64,750	<input type="checkbox"/> \$64,751 - \$97,100	<input type="checkbox"/> over \$97,101
4	<input type="checkbox"/> \$25,750 or lower	<input type="checkbox"/> \$25,751 - \$35,500	<input type="checkbox"/> \$35,501 - \$56,800	<input type="checkbox"/> \$56,801 - \$70,750	<input type="checkbox"/> \$70,751 - \$106,125	<input type="checkbox"/> over \$106,126
5	<input type="checkbox"/> \$30,170 or lower	<input type="checkbox"/> \$30,171 - \$38,350	<input type="checkbox"/> \$38,351 - \$62,350	<input type="checkbox"/> \$62,351 - \$77,400	<input type="checkbox"/> \$77,401 - \$116,101	<input type="checkbox"/> over \$116,101
6	<input type="checkbox"/> \$34,590 or lower	<input type="checkbox"/> \$34,591 - \$41,200	<input type="checkbox"/> \$41,201 - \$65,900	<input type="checkbox"/> \$65,901 - \$81,810	<input type="checkbox"/> \$81,811 - \$122,700	<input type="checkbox"/> over \$122,701
7	<input type="checkbox"/> \$39,010 or lower	<input type="checkbox"/> \$39,011 - \$44,050	<input type="checkbox"/> \$44,051 - \$70,450	<input type="checkbox"/> \$70,451 - \$87,450	<input type="checkbox"/> \$87,451 - \$131,200	<input type="checkbox"/> over \$131,201
8	<input type="checkbox"/> \$43,430 or lower	<input type="checkbox"/> \$43,431 - \$46,900	<input type="checkbox"/> \$46,901 - \$75,000	<input type="checkbox"/> \$75,001 - \$93,200	<input type="checkbox"/> \$93,201 - \$139,800	<input type="checkbox"/> over \$139,801

SELF-CERTIFICATION STATEMENT: I hereby certify that the information provided on this form is accurate and complete. I also agree to provide financial records to support such information upon request. I acknowledge that providing false information may void or null application status or student’s participation in the program.

Parent First Name: _____ Parent Last Name: _____

Parent Signature: _____ Date: _____



MEDIA RELEASE FORM

Authorization for Release of Audio, Photographs, Videotape or Film

I hereby consent, authorize and assign any and all rights to San Antonio Youth Yes! **[SAY Sí]**, its agents, officers, employees and all other persons or entities to whom release or circulation may be made including news and media organizations to use, reproduce, distribute, exhibit or broadcast photos, videos, film and audio recordings of my child, children, and or projects, for use in publicity releases and program marketing.

I further consent and authorize the above and others to release or circulate the same in any manner for any and all purposes in any form with or without my name or the name of my child. I understand the photos, videos, film and/or audio recordings may be viewed by the general public and that other uses may be made of them. I further agree and consent that SAY Sí and others are not responsible for any misappropriation of the photos, videos, film and /or audio recordings by any member of the general public or anyone else.

I have read the foregoing release, authorization and agreement before signing below and I warrant that I fully understand the contents thereof.

Name of Child: _____

Name of Parent or Guardian _____

Signature _____ Date _____