

New Mentee!

Welcome to DREAM – it's a fun and enriching experience, and we're excited to have your family on board. These forms are extensive, but necessary to ensure safety and fun for all our participants.

Mentee Information

First	Name of Youth	Last Name of Youth	Nickname/Preferred Name	Gender
 Date	of Birth	Race/Ethnicity		Household Language
				Yes / No
Scho	ool Youth Attends	Current Grade in Sc	hool	Receive free/reduced lunch at school?
Yout	h Email	Youth Home Phone		Youth Cell Phone
Prim	ary Street Address (Youth)			Apartment Number
City		State		Zip Code
Par	ent/Guardian Information			
1)	First Name of Parent(s)/Guardian(s	s)	Last Name	Relationship to Child
	Primary Phone Number	Secondary Phone Number		Email Address
2)	First Name of Parent(s)/Guardian(s	s)	Last Name	Relationship to Child
	Primary Phone Number	Secondary Phone Number		Email Address
Secondary Street Address (if applicable)			Apartment Number	
 City		State		Zip Code



Do you have rules for your child's behavior that you would like to be used during DREAM?				
Emergency Contact Information	ation (other than parent & guardian):			
1)				
Name	Phone Number	Relation to Youth	_	
2)				
Name	Phone Number	Relation to Youth		
3)				
Name	Phone Number	Relation to Youth		
participation in The DRE on other days of the wee administrators, and pers mentors, Dartmouth Coll Castleton State College, Bennington College, Joh Authority, the Winooski H Authority, Marken Prope other persons and organ my child, to my child's property child's participation with failure to use reasonable understand that in case	AM Program (which meets regularly or ek) I hereby agree on behalf of myself, ronal representatives, to release and hotege, The University of Vermont, St. Mic Champlain College, Middlebury Collegenson State College, The DREAM Programson Authority, the Burlington Housi rties, Maloney Properties, Highgate Nonizations assisting The DREAM Programsoperty and any and all claims in any myhether the liability, loss or damage is concern to their activities associated with of emergency, The DREAM Program's ermission to use their best judgment in the control of the c	my heirs, legates, executors, old harmless all chaperones and chael's College, Norwich University, ge, Green Mountain College, tram, Inc., the Vermont State Housing and Authority, the Rutland Housing approfit Organization and any and all m, Inc., from liability for any injury to anner arising from or associated with caused in whole or in part by their The DREAM Program, Inc. I staff and all other chaperones and	g	
Signature of Parent/Guardian		Date		
Signature of Child		Date		



Media and Surveys Release

I hereby grant to The DREAM Program, Inc. ("DREAM") permission to periodically administer surveys to me and my child. I also hereby grant to The DREAM Program, Inc. ("DREAM"), or any of its agents, the right and permission, with respect to the surveys, photographs, and video which DREAM or its agents have taken of me or my children, or in which I/we may be included with others, to copyright the same in its own name or otherwise; to use, reuse, publish and re-publish in the same in whole or in part, in conjunction with any printed matter in any and all media now or hereafter known, and for any purpose whatsoever, for illustration, promotion, art, advertising and trade, or any other purpose; and to use my name, my children's names, and any statement made by me or my children, in connection therewith if DREAM so chooses. I have read the foregoing and fully understand the contents hereof. This release shall be binding upon me and my heirs, legal representatives and assigns.

Signature of Parent/Guardian	Date	

Optional Information

Federal funding has been made available to mentoring programs who match children of incarcerated parent with mentors. If you feel comfortable, please answer the following questions.

•	Does the	above	child	have	a par	ent in	prison?

•	Does the above child I	have a parent o	n furlough?

Yes	□ N (

□ No

□ Yes



The DREAM Program operates with a core value of inclusion, and strives to be supportive of all participants regardless of their race, color, sex, sexual orientation, gender identity, religion, disability, age, veteran status, ancestry, or national or ethnic origin.



School Waivers

There are two waivers below.

Printed name of Parent/Guardian

- 1. Allows for staff and volunteers who are involved with DREAM to connect with your child's school to create a consistent and connected support system.
- 2. Allows for staff and volunteers who are involved with DREAM to pick your child up from his/her school if necessary for participation in a DREAM activity.

Please fill out and sign each waiver for which you would like to provide DREAM additional permissions to interact with your child and their school community.

1.	School Connections			
In cons	sideration of my child,	's, participation in The DREAM Program, I		
allow [DREAM mentors and staff to communica	te with school personnel about relevant information regarding my child's		
work a	at school and his/her mental and physical	health and well being. I hereby agree on behalf of myself, my heirs,		
legates	s, executors, administrators, and persona	al representatives, to release and hold harmless all mentors, The DREAM		
Progra	am, Inc., the	school and school personnel, and any and all other		
persor	ns and organizations assisting The DREA	M Program, Inc., from liability for any communication with school		
persor	nnel about my child.			
Signat	ture of Parent/Guardian	Date		
Printed	d name of Parent/Guardian	Date		
2.	School Pick-up			
To ena	able my child,	's, participation in The DREAM Program, I allow		
DREA	M mentors and staff to pick up my child f	rom school. I hereby agree on behalf of myself, my heirs, legates,		
	· ·	entatives, to release and hold harmless all mentors, The DREAM Program,		
Inc., the' school and school personnel, and any and all other person				
and or	ganizations assisting The DREAM Progr	am, Inc., from liability for transportation of my child.		
Signat	ture of Parent/Guardian	Date		

Date



Youth Medical/Personal Care Information

1)) Current Weight in Pounds:							
2)	2) Is your child allowed to swim while participating at DREAM	И?	□ Yes	□ No				
3)	B) How would you describe your child's swimming ability? □	Strong Medium Weak	□ Non-s\	wimmer				
4)	1) Is your child affected by any allergies (common allergies a	are to insect bites, latex and food)?	□ Yes	□ No				
	If YES, please list the allergies:							
	If YES, please answer the following questions to help DRI	EAM respond to allergic reactions:						
		• Can your child have a reaction just from being near the allergen (airborne or inhaled), or does s/he have to come in contact with the allergen?						
	Please describe what happens to your child if exposed	Please describe what happens to your child if exposed to each allergen:						
	Is your child aware or able to feel the allergic reaction	coming on?	□ Yes	□ No				
	Does your child take any prescription or over-the cour	nter medications for a reaction?	□ Yes	□ No				
	What medications are administered?							
5)	5) What year was your child's last immunization for Tetanus?	?						
6)	Does your child currently have any health concerns or medical conditions that could be restrictive to activities at							
	DREAM? Please check from list below or fill in the blank							
	□ Asthma □ Seizures	□ Braces□ Bed wetting						
			ses/contacts lenses					
	□ Lyme disease □ Hearing impairmen		acto icrioco					
	□ Ears, Nose, Throat □ Digestion	□ Other						
	If you checked any of the above, please explain:							
7)	Ones your child regularly take any prescription or over-the administered at a DREAM activity or a DREAM overnight	counter medications that would potrip/camp?	otentially need	d to be □ No				
	If YES, please answer the following questions to help DREAM administer medications:							
	What is the name of the medication your child takes?							
	What is the dosage and frequency (time of day, how often) for administration?							
	How is the medication stored?	How is the medication stored?						
	Can your child take the medication on their own, without the medication of		□ Yes	□ No				
	Is your child able to swallow a pill to take over-the-cou	•	□ Yes	□ No				

^{***}REMINDER: A copy of the prescription OR the original prescription bottle MUST be included.***



Youth Medical/Personal Care Information (continued)

During DREAM activities, it may be important for staff or mentors to administer basic first aid or basic care that may include **over-the-counter** medications. Please indicate which medications from our standard first aid kits that may be administered to your child. Unless directed otherwise, medication would be administered as directed by package labeling.

,	Yes	No
Tylenol/Acetaminophen for pain, headache, fever		No □
Advil / Ibuprofen for pain, headache, fever		
Hydrocortisone cream		
Benadryl/Diphenhydramine for severe itchiness		
Neosporin or other antibiotic ointment or cream		
Lice Check		
It is DREAM policy that every child will be checked for lice be confidential. If lice are found, the parents will be notified. Ap will be provided and the child's clothes and belongings will be the DREAM office. Physician and Insurance Information	propriate treatme	nt with an over-the-counter lice shampoo
Physician and insurance information		
Name of Child's Physician	Physician Phone	Number
Insurance Company	Policy/Group Nu	mber
Name of Primary Member	Medicaid Numbe	ır
Consent to Treat		
This health history is correct and complete as far a permission to engage in all prescribed activities, exhereby give permission to the DREAM staff and/or administer medications, to seek emergency medicanecessary related transportation for my child. In the I hereby give permission to the physician selected and administer treatment, including hospitalization,	ccept as noted of volunteers to part treatment if note event that I could by the DREAM	by me. I (parent or legal guardian) provide routine health care, necessary, and to provide or arrange cannot be reached in an emergency,
Signature of Parent/Guardian		Date
Printed name of Parent/Guardian		Date