



**SIBSHOP INFORMATION FORM
PARENT TO PARENT OF WHATCOM COUNTY**

(This information form must be completed for all who wish to participate in Sibshops)

Date: _____

Parent(s) name:

Address:

City: _____ State: _____ Zip: _____

Phone Numbers: Home: _____

cell: _____

Email Address: _____

Child's name: _____ Birthdate: _____ Age: _____ Gender: _____

Name of brother or sister with special needs: _____ Birthdate: _____ Age: _____

Gender: _____

Name or description of disability or health concern:

Other Siblings: Name _____ Birthdate _____ Age _____

Gender _____

Has your child ever attended a Sibshop before? Yes No

What do you hope your child will gain from enrolling in Sibshops?

Do you have any concerns about enrolling your child in Sibshops?

Do you have any particular topics you would like addressed during a Sibshop your child might attend?

What are your child's interests?

Please provide any other information that you feel would make Sibshops an enjoyable and educational experience for your child.

Does your child have any food allergies or other health restrictions we should be aware of if he or she attends a future Sibshop?

Photograph Release Form

I give permission for _____ to be photographed for Parent to Parent of Whatcom County and The Arc's newsletter, brochure, website, social media.

Signature

Date

The SIBSHOP staff has my permission to authorize emergency medical care and transportation. I will accept financial responsibility for this care.

Insurance provider and policy number:

Child's Physician:

Medications:

I hereby give my child permission to participate in Sibshops. While Sibshop facilitators try to provide participants with safe activities and environments, I understand that participation in recreational activities may entail certain risks. I hereby consent to voluntarily accept those risks for my child. In consideration for my child's participation in Sibshops, I agree to hold harmless the cosponsoring agencies (The Arc/Parent to Parent, all volunteers) and their staff from any and all claims, suits, losses including, but not limited to, such claims that may result from my child's injury, accidental or otherwise, during, or arising in any way from participation in Sibshops. In addition, I grant full permission to use photographs, videotapes, recordings or any other record of this program for the purpose of education and promotion of Sibshops.

Signature of Parent or Guardian

Date

Please return this form to Parent to Parent of Whatcom County.

Revised 09/19

Please email to p2p@arcwhatcom.org or mail to:

Parent to Parent of Whatcom County
2602 McLeod Road
Bellingham, WA 98225
(360) 715-0170 ext 302