



Children's Bill of Rights



You have the right to be yourself.



You have the right to ask for help.



You have the right to have your own opinions.



You have the right to make mistakes.



You have the right to your own feelings.



You have the right to share your feelings with safe people.



You have the right to think good thoughts about yourself.



You have the right to expect a safe home.



You have the right to dislike someone else's behavior.



You have the right to choose your own behaviors.



You have the right to know that you are not responsible for the

Peaceful Family Solutions
Children's Program

Expectation for Participants

You can expect to be treated fairly and respectfully by the Peaceful Family Solutions staff and to have your privacy and dignity respected. You can expect to know the names of the staff members responsible for your care and that the staff of the PFS will make a reasonable response to your requests. You can expect that any information you share will remain confidential unless legally required otherwise.

We Expect You:

- To remain active in the Children's Program for the duration of the program, and to remain on the site during the program day, except with permission.
- To honor the confidentiality and privacy of participants. All information disclosed within sessions is confidential and may not be revealed to anyone without written permission, except where disclosure is required by law. Disclosure may be required in the following circumstances: where there is a reasonable suspicion of child or elder abuse; where there is a reasonable suspicion that the client presents a danger of violence to others or where the client is likely to harm him or herself unless protective measures are taken. Disclosure may also be required pursuant to legal proceedings.
- To abstain from the use of alcohol and other drugs and to take only prescribed medications.
- To keep your children with you and supervised at all times when they are not being supervised by the Children's Program staff.
- To release, and agree to hold harmless, Peaceful Family Solutions from any and all liability or responsibility for any damage or injury suffered by me during my involvement in the Children's Program.
- To understand that if the undersigned participant does not follow these responsibilities and cooperate with the program and staff, he/she will be asked to leave the Children's Program.
- To notify Children's Program staff of all persons participation in the program on Friday and Saturday. **Participation is at the discretion of Children's Program staff.**

I HEREBY CERTIFY THAT I HAVE READ THIS FORM AND UNDERSTAND ITS CONTENTS

Parent or Guardian Name (printed)

Parent or Guardian Signature

Date

Peaceful Family Solutions
Children's Program

Permission for Follow Up & Release (please print)

Child's Name:

First Middle Last

Your Name:

First Middle Last

Address: _____
Street City State Zip Code

Phone (Home) _____ Phone (Cell) _____

Email: _____

Newsletter:

Provide me and my child with information regarding events at Peaceful Family Solutions through the newsletter and other periodic mailings. **Initial:** _____

Release and Waiver:

I give Peaceful Family Solutions full permission to use, publish and copyright any drawings, writings or stories created by me and/or my child or any part thereof, without using my and/or my child's names, and to make changes or alterations therein and/or additions thereto for publication. **Initial:** _____

Video and Photo Release:

I authorize Peaceful Family Solutions to use any video and/or photos taken of me and/or my child/ren for the sole purpose of marketing the Peaceful Family Solutions FREE Children's Program. **Initial:** _____

Signature: _____ Date: _____

**Peaceful Family Solutions
Children's Program**

Release Form

Name of Minor Birth Date

Name of Parent or Guardian Phone Number

Street Address City State Zip

Name of Emergency Contact (Relation to Minor) Phone Number

I am aware that participation in the PFS Children's Program involves certain activities (such as swimming and physical activities) which are physically demanding and potentially dangerous for children. Therefore, as a participant, my child must be free of medical or physical conditions which might create undue risk.

I am aware that these activities involve a potential risk for illness and injury to my child and property. I acknowledge that I am aware of and assume all risks and wish to allow my child to participate in the activities. As part of the consideration for my child's participation at PFS, I agree to assume full responsibility for any loss, injury or inconvenience that my child might suffer. To the extent that I participate in such activities, I further agree to indemnify and hold harmless PFS and all its subsidiaries and officers from any and all liability incurred as a result of participation by myself or my child. I also agree that the terms hereof shall serve as a release and assumption of risk for my heirs, executors and administrators, and for all members of my family.

Parent/Legal guardian Signature Date

Medical Information: It is necessary for us to know if your child has any medical considerations. If not, please write "no"; if "yes" please describe in detail and send any medications with your child to Peaceful Family Solutions.

Chronic Medical Condition (i.e., diabetes, asthma, seizures, etc.)

Allergic Reactions (i.e., to insect bites, stings, food, plants or medications)

Any Surgery, Sprained Muscles, or Broken Bones within the last 12 Months

Special Dietary Needs (i.e., vegan, vegetarian, gluten free, lactose intolerant, allergies)

Authorization to treat a minor: In the event I cannot be reached in an emergency, I hereby give permission to the person named as emergency contact to authorize medical and hospital care of my child and if such person cannot be reached, I give permission to the physician on-call at the nearest facility to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child as named above.

Parent/Legal guardian Signature Date

Please Print Name Here

**Peaceful Family Solutions
Children's Program**

History Form

The information you are providing is confidential and will help the staff make your child's experience a nurturing and healing one. Include any other important information on an additional piece of paper. Please fill out 1 form for each child attending the program.

Please complete this form and the release form and mail or fax to:

**Peaceful Family Solutions
7405 S. Douglas Avenue
Oklahoma City, OK 73139
Fax: 405-601-2773**

_____	_____	_____	____/____/____
Child's Name	Age	Grade	Birth Date
_____	_____	_____	_____
Street Address	City	State	
_____	_____	_____	_____
Zip	Email Address	Phone Number	

If the above address is temporary, please list another address and telephone number where we can mail newsletters, invitations and other periodic mailings to children after the program:

Permanent Address

Family history of alcoholism and/or other drug addiction (list person(s) and their addictions):

Is the child aware of the family member(s) addiction? _____

Are any family members in recovery? _____ If yes, how long? _____

What is the history of the parent relationship?

Married Separated Divorced Single Remarried Other

If separated or divorced, who has child custody? _____

How frequent is visitation with non-custodial parent? _____

**Peaceful Family Solutions
Children's Program**

Describe any history of abuse or neglect (physical, sexual, verbal): _____

Describe any problems your child (ren) might be having in school: _____

Does the child have stomachaches, headaches, sleeping or eating problems? _____

Will your child need to take any prescribed medications during the hours of 8:00 am and 3:00 pm during the four day program?

Please list: _____

Describe any major life changes within the past year for your child? (i.e., death, separation, moves, etc.) _____

Please describe any concerns you may have about your child:

Has your child ever participated in a support group or counseling/therapy? ↑yes↑no

What type? _____

How do you hope the program will benefit you and your child (ren)?

Location you and your child (ren) will be staying during the program? _____

Other comments you'd like the Children's Program staff to know in order to better assist your child: _____

Person filling out this form: _____ Relationship to child _____

Date of program child (ren) will be attending: _____

Who referred your family to the Children's Program?

Name: _____

Peaceful Family Solutions
Children's Program

Phone Number: _____

Children's Program Family Questionnaire

Parent/Guardian Name

Relationship

Parent/Guardian Name

Relationship

Marital Status: Married Single Separated Widowed Divorced

With whom does your child live? _____

*The following information allows the program staff to work more effectively with your children.
Please fill in the appropriate areas.*

Family member(s) who are chemically dependent: _____

In recovery? Yes No Comments: _____

In treatment? Yes No Comments: _____

Family Member(s) who are in therapy: _____

Where? /Therapist name: _____

Who may pick up your children?

Please list the names of two people who can be called in an emergency:

Name

Address

Relationship to child

Phone

Name

Address

Relationship to child

Phone

Peaceful Family Solutions
Children's Program

Children's Program Child Questionnaire

Has (Have) your child(ren) ever participated in our Children's Program in the past?

Yes No

If yes, when?

Child's Name

_____/_____/_____
Age Birth Date Grade Level School

In what activities does your child participate

Has your child ever had special education services? Yes No

If yes, please describe

Does your child read? Yes No

Does your child's school have support groups for children? Yes No

If yes, is your child participating? Yes No

Does your child swim? Yes No

If no, does your child do well with flotation devices? Yes No

Children often have special needs. Please describe your child's needs:

Please Note: Because we do not create a therapist/patient relationship and are considered an educational program, this form is not a medical record. This form simply helps us get to know your child(ren) better while they are in our program. Be assured, however, that these forms will be kept confidential and will be shared only with those program personnel who will work with your child's group.