

EVENT ATTENDEES MUST BE THE CHILDREN OR DEPENDENTS OF AN ACTIVE SAN JOSÉ CLINIC PATIENT. FILL OUT ALL INFORMATION **IN RED** ON BOTH SIDES OF THIS PAPER. APPLICATIONS WILL NOT BE CONSIDERED FOR ASSISTANCE UNLESS ALL REQUESTED INFORMATION IS PROVIDED.

Parent's name: _____ Parent's date of birth: _____

Parent's SJC patient number: _____ Parent's Phone Number: _____

Address: _____
Number and street City, State ZIP

Have you (parent) ever been diagnosed with diabetes? ☐ Yes ☐ No

Do you have access to the internet? ☐ Yes ☐ No

Are you interested in having your child receive free immunizations? ☐ Yes ☐ No

Household Information: Fill in ALL of the information for **each** eligible child who **lives in your home**.

Child's Name	Gender (circle one)	Is Child is a Clinic Patient? (circle one)	Grade for school year beginning Fall 2018 (circle one)
	M / F	Yes / No	Pre-K K 1 2 3 4 5 6
	M / F	Yes / No	Pre-K K 1 2 3 4 5 6
	M / F	Yes / No	Pre-K K 1 2 3 4 5 6
	M / F	Yes / No	Pre-K K 1 2 3 4 5 6
	M / F	Yes / No	Pre-K K 1 2 3 4 5 6
	M / F	Yes / No	Pre-K K 1 2 3 4 5 6

By my signature below, I certify that my answers are true and correct to the best of my knowledge.

Signature _____ Date _____

FORMS RECEIVED AFTER JULY 24 WILL NOT BE GUARANTEED PARTICIPATION.



Back to School Drive-Through Event!
Friday, July 31, 2020 - 12:00 - 2:00 PM
San José Clinic - 2615 Fannin Street, Houston, TX 77002

STUDENTS ENTERING **PRE-K THROUGH 6TH GRADE** WILL RECEIVE GIFT CARDS FOR SCHOOL SUPPLIES, BOOKS, AND MORE!

RSVP Required

dorcasross@sanjoseclinic.org

PARTY ATTENDEES MUST BE THE CHILDREN OR DEPENDENTS OF AN ACTIVE SAN JOSÉ CLINIC PATIENT. FILL OUT ALL INFORMATION IN RED ON BOTH SIDES OF THIS PAPER. APPLICATIONS WILL NOT BE CONSIDERED FOR ASSISTANCE UNLESS ALL REQUESTED INFORMATION IS PROVIDED.

- I, _____, hereby **decline / grant (circle one)** San José Clinic, its trustees, directors, officers, employees, agents and assigns (collectively, "*San José Clinic*") the absolute right and permission to obtain these items (collectively, "*Materials*") from me/my children (if under the age of 18): *photographs, videotape, audio, stories that I write and interviews, and quotes from conversations and chronicles.*
- I understand and agree that San José Clinic may use and reuse any such Materials in any manner, provided the general sense is not changed, for the purpose of promotion, publication, commercial advertising, or any other purpose whatsoever, now or at any time in the future.
- I understand and agree that these Materials may be distributed to anyone including the general public, magazines, newspapers, television and radio stations, and/or any organization or person that customarily presents information or news to the general public. The general public may include prospective and existing users of San José Clinic's products and services.
- I release and hold harmless San José Clinic from any and all causes of action that may result from the use of such Materials.
- I waive any right that I may have to inspect, approve or receive notification that such Materials are being used at any time.
- I understand and agree that all Materials are and remain the exclusive property of San José Clinic or the photographer/media entity that originated them (including negatives).
- I understand and agree that participation is done on a volunteer basis and I/my children will not receive any payment or other benefit for my/our time or expenses related to the activities in this Consent now or in the future.
- I acknowledge that I have read and understood this Consent and that my signature is on behalf of myself or as the parent/guardian and on behalf of the minor. This Consent fully and accurately expresses my understanding and has not been changed orally or in writing.

_____ I UNDERSTAND THAT MY RECEIPT OF THE CLINIC'S SERVICES DOES NOT DEPEND ON MY DECISION TO PARTICIPATE IN THESE ACTIVITIES. I HAVE CAREFULLY READ THIS CONSENT FORM AND VOLUNTARILY AGREE TO ITS CONTENTS.

San José Clinic **may / may not (circle one)** use my name, or a portion of my name in publication.

Please indicate how you would like your name listed: _____

Authorizing signature: _____ Date: _____