



PARENT PERMISSION AND RELEASE AND STUDENT INFORMATION

21st CENTURY ASSETS HIGH SCHOOL AFTER SCHOOL PROGRAMS

I give my child permission to participate in the _____ After-School Program.

Name of School: _____ Student ID # _____

Language spoken in the home _____

Student's Name _____ Grade _____ Date of Birth _____

Parent/Guardian Name (Please print) _____ Signature _____ Today's Date _____

Home Address _____ City _____ Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____ Email _____

STUDENT HEALTH FORM EMERGENCY CONTACT INFORMATION

In case of emergency please contact:

Name _____ Relationship _____ Phone: work/home/cell _____ Email _____

Name _____ Relationship _____ Phone: work/home/cell _____ Email _____

Does your child have health coverage? _____ Yes _____ No

Name of Medical Insurance _____ Policy/ Insurance # _____ Primary Insured's Name _____

Name of Child's Doctor _____ Telephone _____



HEALTH

Please check if your child has any of these Health Conditions and requires management after school:

HEALTH CONDITION	MEDICATION
<input type="checkbox"/> Severe Allergy to: _____	<input type="checkbox"/> Student has EpiPen® at school
<input type="checkbox"/> Asthma	<input type="checkbox"/> Student has inhaler at school
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Student has medication at school
<input type="checkbox"/> Seizures	<input type="checkbox"/> Student has medication at school
<input type="checkbox"/> Sickle Cell Anemia	<input type="checkbox"/> Student has medication at school
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Student has medication at school
<input type="checkbox"/> Other conditions: _____	<input type="checkbox"/> Student has medication at school

Medical History that may be of importance _____

List any Allergies: _____

Medications needed after school hours: _____

Special Accommodations: _____

SPECIAL INSTRUCTIONS

All students with asthma, diabetes, and severe allergies should have emergency medication available to After School Program staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a medical management plan (Diabetes, Severe Allergy, or Asthma Action Plan) signed by you and your doctor. The After-School Program will need to have medication for your child that is separate from the medication you provide in the regular school day program.

See your School Nurse/Health Services for more information.

AUTHORIZATION TO TREAT MINOR

I give permission for the After-School Program staff to administer medication that my child may require during the After-School Program.

I authorize After School Program Staff to furnish and/or obtain emergency medical treatment which may be necessary for my child during the After-School Program.

Date: _____ Parent/Guardian Signature: _____

Print Name: _____

Does your child have vision problems? _____

Have you ever been notified that your child has difficulty seeing? _____

Is your child supposed to wear glasses? _____



RELEASE OF LIABILITY

I understand the nature of the after-school program and that participation is voluntary. I understand that the Higher Ground is not responsible for loss, damage, illness, or injury to a person or property as a result of participation in the after-school program. I hereby release and discharge the Higher Ground and its officers, employees, agents, and volunteers from any and all claims for injury, illness, death, loss, or damage as a result of participation in the after-school program.



Parent/Guardian Signature

Date

AFTER SCHOOL PROGRAM ATTENDANCE POLICIES

I understand that my child is expected to participate fully in the after-school program:

- ❖ **Elementary and Middle School** students who can participate in the after-school program **every day until 6 pm, for a total of 15 hours per week will get enrollment priority.**
- ❖ **High School** students are expected to participate in the after-school program **at least 3 days per week until 6 pm, for a minimum total of 9 hours per week of participation.**

I understand that eligible students who are able to fulfill these attendance requirements have priority for enrollment and that if my child cannot fully participate, my child may lose his/her spot in the program.

I understand that my child (in 2nd grade or higher) must sign in to the program daily and my child (applicable to high school students) or his/her parent/guardian must sign out of the program daily.

STUDENT RELEASE

As parent/guardian, I understand that the After-School Program will begin immediately after school is out and will end by 6:00 p.m.

I give the After-School Program staff permission to release my child from the after-school program without supervision. I understand that my high school-age child will sign himself/herself out of program, and will be released on his/her own.

I understand that my high school-age child may sign himself/herself out from the after-School program and be released prior to 6:00 pm.

As parent/guardian, I hereby release and discharge the Oakland Unified School District and its officers, employees, agents, and volunteers from all claims for injury, illness, death, loss or damage as a result of my child’s release from the After-School Program without supervision.



Parent/Guardian Signature

Date



PERMISSION TO EVALUATE PROGRAMS AND TRACK STUDENT PROGRESS

For the school year, I give consent to Higher Ground to disclose to After-School Program Staff my child’s confidential academic data (test scores, report cards, attendance, and other performance indices) and input my child’s data into the database created for after-school programs for the sole purpose of providing targeted support and academic instruction and assessing the academic effectiveness of the After-School Program. I also give permission for After-School Program staff to monitor my student’s progress and to request my child to voluntarily participate in evaluation surveys for the purpose of determining program effectiveness. I understand that consent to disclose information and evaluate programs is not a requirement to participate in the after-school program and that I can withdraw this consent at any time by notifying the After-School Program office in writing.



Parent/Guardian Signature

Date



PHOTO/VIDEO RELEASE

During your child’s attendance in the After-School Program, s/he may participate in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional purposes.

My child ___ may ___ may not be photographed/videotaped by the After-School program for promotional purposes.

I authorize the HG or any third party it has approved to photograph or videotape my child during After School program activities and to edit or use any photographs or recordings at the sole discretion of HG. I understand that I and my child shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless the HG and any third party it has approved from and against all claims, demands, damages, and liabilities arising out of or use of the recording.



Parent/Guardian Signature

Date

SPECIAL NOTE REGARDING PROGRAM FEES

Some After School Programs may charge fees on a sliding scale in order to serve more students and provide more services. Programs fees will waive the cost of these fees for students who are eligible for free or reduced-priced meals. Programs cannot charge a fee if the child is a homeless youth, as defined by the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec.1143a), newcomers (refugee, asylee, and unaccompanied minor), or if the child is in foster care. **No eligible student will be denied enrollment due to a family’s inability to pay program fees.**