

EDUCATION RECONNECTION PARENT / GUARDIAN STUDENT PERMISSION FORM & RELEASE



INFORMATION ABOUT THE STUDENT

Student First Name:		Student Last Name:	
School Attending:		Student Date of Birth:	
Parent / Guardian Name:			
Parent / Guardian Phone Number:		Parent / Guardian Email Address:	
Student Email: <i>(Not school email)</i>		Phone:	

MEDICAL INFORMATION

Please complete the following medical information about the student:

Do you have any allergies (food, skin, bee stings, etc.)? If so, please be specific.		Yes	No	
Do you have any of the following? (Check all that apply)				
Asthma	Diabetes	Heart Problem	Seizures	Vision Problem
Back Problem	Epilepsy	Hearing Problem	Speech Problem	High Blood Pressure
Are you currently taking any medications? If yes, please list: Yes No		Are you allergic to any medications? If yes, please list: Yes No		
Any preexisting injuries (ankles, knees, neck, etc.) which may be aggravated by participating?		Yes	No	

RELEASE OF LIABILITY

I hereby give permission for my student named above to participate in events hosted during their participation in the Education Reconnection Program. In consideration of being allowed to participate in the Education Reconnection program, I agree to assume the risks of such activities and programs. I further agree to hold harmless Kalamazoo RESA and its staff members conducting the activities from all claims, suits, losses or related causes of action for damages, including but not limited to such claims that may result from injury or death, accident or otherwise during or arising in any way from the activities. Kalamazoo RESA is not responsible for loss, stolen, or damaged personal articles.

INFORMATION VERIFICATION AND RELEASE

I authorize Education Reconnection, a Division of the Kalamazoo Regional Educational Service Agency, to:

- Obtain any pertinent information concerning my student from other people or partners who will help with their education and training program.
- Release any pertinent information concerning my student to other people or partners who will help with their education and training program.

MEDICAL EMERGENCY AUTHORIZATION

I hereby grant permission for the above-named youth to participate in all the events/career exploration activities which may include talent tours or events requiring group transportation. Any health concerns or considerations for the applicant are listed on the Medical Procedures and Information (Form MCKZ-1). I hereby give permission to the KRESA staff to obtain the appropriate medical treatment including the right to order x-rays, routine tests, treatment and necessary transportation for me. If a parent/guardian (if applicant is under the age of 18) cannot be reached in an emergency, I hereby give my permission to the physician selected by Kalamazoo RESA to secure and administer treatment, including hospitalization. I understand that if I choose to see my own doctor for a work-related injury, then my eligibility for worker's compensation will be jeopardized and we will be responsible for all medical bills.

TRANSPORTATION RELEASE

I hereby give my permission for the student named above to be transported by KRESA-approved drivers, including KRESA staff and non-staff, during their participation in Education Reconnection. In consideration for being allowed to participate in this program, I agree to assume the risks of such activities and programs for my student. I further agree to hold harmless Education Reconnection/KRESA and its staff members conducting the activities from any and all claims, suits, losses or related causes of action for damages, including but not limited to such claims that may result in injury or death, accident or otherwise during or arising in any way for the activities.

MEDIA POLICY AND RELEASE

I give my permission for my student to be photographed and/or videotaped while participating in the Education Reconnection/KRESA program. I understand that the photos and videos may be shown to the public and may also appear on television and in print as well as identifying my student by name. I also give my permission for interviews (accompanied by a KRESA representative) for newspaper articles, television and computer presentations.

YOUTH PROGRAM CODE OF CONDUCT

The primary purpose of the Code of Conduct is to ensure the safety and well-being of all students at events and activities hosted by Education Reconnection/KRESA. This Code of Conduct applies to all participants including minors, their parents, and volunteers. As a participant in the program, I will:

- Conduct myself in a courteous manner and treat members, parents, volunteers, staff and others with respect. Appropriate language and behavior are always expected.
- Respect and adhere to the rules and guidelines of the program including while attending events or activities.
- Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes the involvement of participants from all backgrounds.
- Obey local, state and federal laws.

I acknowledge that I have read and agree to the terms and conditions outlined in this document.

Signature of Parent / Guardian:

Date:

Printed Name of Parent / Guardian:

Signature of Student / Participant:

Date:

Printed Name of Student / Participant: