

Parent/Guardian Consent Form

Welcome to the UHope Success Academy!

_____ (child's name) has been selected to participate in an exciting new program that will help him/her become a success in school and in life.

As part of the application process, we ask you as the parent or guardian to sign the following agreement.

EMERGENCY MEDICAL INFORMATION AND RELEASE:

1) Does the child have a medical condition we should be familiar with? YES/NO
If yes, please describe. Use the back, if necessary.

2) Does the child require medication? YES/NO
If yes, note provision you have made and any information we must be aware of. Use if necessary.

3) Does the child have any dietary restrictions? YES/NO
If yes, please describe. Use the back, if necessary.

4) In case medical information is required, your family doctor may have to be contacted:
Family Doctor _____ Phone Number _____

_____ (_____) _____

I would like _____(child's name) to be in the UHope Success Academy and agree to encourage his/her participation. I understand that if he/she does not adhere to the guidelines of UHope Success Academy, he/she may be removed from the program.

I also give _____(child's name) permission to participate in the UHope Success Academy group activities. I give him/her permission to be transported by UHope Success Academy and its volunteers. I agree to not hold UHope Success Academy or its volunteers liable for any illness, injury, or accident, which may occur on these outings. I hereby authorize UHSA staff/volunteers to obtain appropriate emergency medical attention for the above-named child should attention be required while I am unable to contact at the telephone number(s) listed above.

Signature of Parent or Guardian

Date

Parent/Guardian's Name (PRINT)

Telephone Number(s)

Signature of Witness

Date

PHOTOGRAPHS:

I give my permission for _____(child's name) to be used by UHope Success Academy for the purpose of recruitment or public relations.

Signature of Parent or Guardian

Date