

EMERGENCY MEDICAL TRANSPORTATION

In the event of illness or an accident requiring immediate medical care permission is granted for emergency medical transportation and treatment. I, _____, give permission to the afterschool staff to call 911 and arrange transportation of my child to/from the closest medical facility, hospital or Physicians' office.

Parent/Guardian Signature

Date

Hospital Preference: _____

Pediatrician/Family Physician: _____ Phone Number: (____) _____

It is understood that every effort will be made to contact the parent and/or guardian promptly, however, in an emergency situation where a parent and/or guardian cannot be reached please contact the following:

Contact 1

Name: _____

Address: _____

Phone: (____) _____

Contact 2

Name: _____

Address: _____

Phone: (____) _____

HEALTH INFORMATION

This confidential health information will only be used to ensure the safety of the children in this program. Please provide your child's medical history (if yes, please specify)

Allergies to food: Yes ___ No ___ Specify _____

Behavioral/Emotional: Yes ___ No ___ Specify _____

Physical Disabilities: Yes ___ No ___ Specify _____

Corrective Device: Yes ___ No ___ Specify _____

Asthma: Yes ___ No ___ Does your child use an inhaler: Yes ___ No ___

Allergies to penicillin: Yes ___ No ___ Allergy to plants: Yes ___ No ___

Allergy to insect stings: Yes ___ No ___ Hay Fever: Yes ___ No ___

Convulsions/seizures: Yes ___ No ___ Diabetes: Yes ___ No ___

Learning Disability: Yes ___ No ___

Other _____

Does your child have special health care needs that require treatment and/or medication? Yes ___ No ___

If Yes, Please List

PERMISSIONS

Child's Name: _____

School: _____

Consent to Photograph, Film, or Videotape a Student for Non-Profit Use (Educational, Public Service or Health Awareness Purposes)

_____ I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or
initial video tapes of the Student named above by the Spencer-Van Etten P.A.V.E. Program in conjunction with Cornell Cooperative Extension.

_____ I also grant to the Spencer-Van Etten P.A.V.E Program in conjunction with Cornell Cooperative Extension the right to
initial edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media.

_____ I also hereby release the Spencer-Van Etten Central School District and its agents and employees from all claims,
initial demands, and liabilities whatsoever in connection with the above.

Student Data and Evaluation Consent Form

In order to monitor the effectiveness of the afterschool program and ensure its future success, an independent evaluator is conducting an ongoing evaluation. It is the intention of the evaluation to learn how these after-school services help students, and how they can be improved in order to meet the grant requirements.

Specifically, Cornell Cooperative Extension, and the Evaluator, R/E/D Group, LLC asks permission to:

- Contact your child's school to obtain records showing his or her progress, including information about grades and statewide test scores.
- Survey and/or interview you and your child about the afterschool program and its effects. Any information we collect will be used only to assess the after-school program and will not be made public. Participating in the evaluation will not affect your child in school in the afterschool program, or in any other way. We will not use your name or your child's name in any report. At the end of the evaluation, we will destroy all records that include personal information. Participation in the study is completely voluntary and participants may withdraw at any time with no consequences. Please select one of the options below.

_____ YES, I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE. I have read the above information and I give
permission for my child to participate in the evaluation of the afterschool program. I also consent for Cornell Cooperative Extension and the evaluator to obtain my child's records (IEP's, progress reports, report cards) and to interview me and my child.

_____ NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the above information and I DO NOT give permission
for my child to participate in the evaluation of the afterschool program.

If at any time you change your mind about this decision, you may contact Cornell Cooperative Extension and/or evaluator directly.

Behavior Consent Form

_____ YES, I give permission to the P.A.V.E. Afterschool Program to remove my child from the program if program rules are not
followed and/or behavior becomes an issue.

I have read and understand all of the P.A.V.E Afterschool Program permissions, I reviewed them with my child and agree to abide them.

Parent/Guardian Signature _____ Date _____

Student/Child Signature _____

