

Student's Name \_\_\_\_\_ CIF \_\_\_\_\_

### Permission Statements for SuperComputer Class Program Participation

Yes \_\_\_ No \_\_\_

**MEDIA RELEASE:**

I give permission for my child to be in photo or filming sessions of program activities that may be used for program or District promotions

Yes \_\_\_ No \_\_\_

**MEDICAL PERMISSION:**

I give permission to secure the services of a licensed physician if I cannot be reached in the event of a medical emergency.

Yes \_\_\_ No \_\_\_

**MEDICAL INFORMATION:** Does your child have any medical concerns we should know about such as prescriptions, food allergies or medication allergies?

If YES to any of the above, please specify health condition/ medication:

\_\_\_\_\_

Yes \_\_\_ No \_\_\_

**PROGRAM EVALUATION**

This organization participates in the Sprockets network which aims to improve the quality and availability of after-school and summer programs for youth and their families in Saint Paul. Information about your child's participation in this a will be used to help assess the quality and effectiveness of out of school time programs. Information about your child will be kept confidential and your child will never be identified in any evaluation or research reports. You have the right to review the Data Privacy Notice. I consent to have my child's participation included in program evaluation.

Yes \_\_\_ No \_\_\_

**SURVEYS**

Your child may be invited to complete surveys about their experience in the afterschool program. The information your child provides will help us to improve the program. Your child's participation in all surveys is voluntary. Surveys will be made available for review upon request to the Program Site Coordinator. I give permission for my child to participate in program related surveys.

Parent Initials

\_\_\_\_\_

**WALKING FIELD TRIPS**

I understand that WALKING field trips within one mile of school grounds are a part of participating in the afterschool program. Necessary precautions and supervision will be provided.

Parent Initials

\_\_\_\_\_

**BEHAVIOR**

I understand that expectations for the After School Program are the same as the expectations during the school day. I will follow rules and expectations in school and on the bus.

Parent Initials

\_\_\_\_\_

**SAFETY**

I understand the Saint Paul Public Schools will not be responsible for any injury that may occur during the program.

Parent Initials

\_\_\_\_\_

**PERSONAL PROPERTY**

I understand the Saint Paul Public Schools will not be responsible for lost or stolen items.

My signature below signifies that I understand the statements above and give my child permission to participate in the afterschool program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date