

**Consent to Participate:**

1. I give permission for my child (name): \_\_\_\_\_ to participate in the Communities In Schools (CIS) program for the **2020-2021** school year. Services my child may receive include but are not limited to supportive guidance/counseling, educational support, tutoring, mentoring, enrichment activities, referrals to other agencies, and other: \_\_\_\_\_.
2. I give permission for my child to complete surveys and/or assessments administered by CIS to guide service planning and determine progress.
3. I acknowledge that this consent is voluntary and may be revoked at any time by informing CIS staff, in writing, except that prior consent will still apply to the extent that agencies have already acted in reliance of it.
4. I give permission for my child to participate in field trips and other activities sponsored by CIS. Private transportation may be used in these and other activities.
5. I consent to CIS providing support to my child and/or family via telehealth which can include, but not limited to: text, Zoom, Google Classroom and other similar technology. I further understand that there are risks unique and specific to Telehealth, including but not limited to, the possibility that the Telehealth sessions with my site coordinator could be disrupted or distorted by technical failures or could be interrupted or could be accessed by unauthorized persons.

**Consent to Release of Information:**

6. I give permission for CIS to provide and obtain the following information about my child (name): \_\_\_\_\_ from the school, school district, the Texas Education Agency and/or the CIS National Office: grade reports, attendance records, test scores, disciplinary information, class schedules, identification numbers, free/reduced lunch status, health-related information, special education information, interventions and services provided, and other: \_\_\_\_\_.
7. I acknowledge that the information provided and obtained may be used to plan and adjust services that will help my child, for tracking and reporting purposes, and to evaluate and determine the effectiveness of the CIS program.
8. I acknowledge that the records and information released under this consent will be kept confidential to the extent permitted by law and used only for the purpose indicated.
9. I acknowledge that the release of records under this consent is subject to any limitations placed by federal and state law.
10. I acknowledge that this consent allows release of data for the school year listed above. Data from this year will be retained for up to five years and may be shared during that time for evaluation purposes or to provide services that will help my child.
11. I acknowledge that the records released concerning the student may contain references to other persons (i.e., members of the student's family).
12. I understand that the data and information collected on my child including documentation of services provided to my child is maintained in a secure computer database and a case file. I authorize CIS to maintain the information provided for the purposes noted above in the CIS computer database and case file.
13. I acknowledge that I have the right to inspect or obtain a copy of any record released by this consent upon request in writing to the releasing agency, subject to any applicable copying costs and legal limitations.
14. In addition, I give permission for CIS to provide and/or obtain the above information and other information noted below from the following individuals or organizations:  
 \_\_\_\_\_ Individual/Organization \_\_\_\_\_ Information to  
 be Released

**Is my child eligible for free or reduced priced lunch?**     YES     NO  
**CIS may use photograph(s) or video footage of my child for marketing purposes**     YES     NO

**My signature below gives permission for my child to participate in the CIS program. My signature authorizes CIS to obtain the above types of information related to my student and to provide the above types of information to the school, school district, Texas Education Agency, CIS National Office and/or the released agents identified above.**

I release Communities In Schools and its employees, volunteers, or agents from liability for accidents, injuries, or illnesses that may occur to my child during his/her participation in the program. My child and I understand that we are voluntarily participating in the Communities In Schools program.

**Parent/Guardian Name** (Please print): \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ *(Signature must be in ink)*

**Address:** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**CIS Staff Signature:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_