

FIRST AID & EMERGENCY MEDICAL CARE

Student Name: _____

Student's physician/clinic: _____ Physician/clinic phone: _____

Health Insurance Coverage (i.e., Lovelace, Presbyterian, Medicaid): _____

Policy Number: _____

Does the student take medications? Yes No **If yes, please specify:** _____

Will medications be taken during program? Yes No **If yes, please see CSI Coordinator.**

Does child have any medical, behavioral or psychiatric conditions? Yes No

If yes, please specify: _____

Does the student have allergies, special diets or chronic health conditions? Yes No

If yes, please specify: _____

I authorize staff and volunteers of the CSI program providers who are trained in the basics of first aid to give my child first aid when appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize APS CSI program provider staff and/or volunteers to transport my child via emergency service (911) to the nearest medical facility and to secure necessary medical treatment for my child. I will not hold the program responsible for accidents or injuries that may occur and I agree to be responsible for any charges incurred in the rendering of medical care and treatment for my child.

Initial

ADDITIONAL CHILD RELEASE CONTACTS

Please identify any additional people authorized to pick up your child from the CSI program providers (include friends or siblings). Additional names can be added on a separate sheet of paper.

Name: _____ Phone(s): _____

PARENT/GUARDIAN PERMISSIONS – PLEASE INITIAL EACH SECTION FOR ACCEPTANCE

Photograph/Video: I hereby give permission for my child's image (electronic, video, still) to be used in connection with the activities of CSI program providers and to be used in newspaper and magazine articles, video and television productions and other presentations related to the CSI and/or its program providers.

Initial

Internet: I authorize CSI program providers to publish the following information about my child on the internet (on the web pages of CSI program providers or other web pages related to CSI programs). I understand that this information will be available to anyone on the internet. **Student's first name; Student's photo (individual or group); Student's photo w/identity (first name only); Student's intellectual property such as artwork, poetry, essays, performances, etc; Student's image or likeness in video form.**

Initial

Behavior: I understand that CSI program providers are responsible for maintaining a safe educational environment and if my child's behavior is disruptive or in violation of CSI program providers rules for student behavior that s/he may be dismissed from any program. I understand that each club/program will provide my student with the behavioral expectations and that my student will understand and follow those expectations.

Initial

Data Collection and Student Support: I authorize the internal release of information from my child's academic records, which include, attendance records, behavior records and academic achievement data. I hereby grant permission for CSI program (ABC Community School Partnership) and providers who directly provide services to my child under the CSI program to use these records for student assessment, ongoing support, and internal program evaluation purposes. I understand that my child may engage in conversations with CSI internal program providers about academic performance, to support my child's development in school. I authorize that my child has permission to participate in CSI internal evaluation activities including surveys and assessments.

Initial

I, the parent/guardian agree to the above, give permissions and allow my child to participate in the CSI

programs. Parent/Guardian Signature: _____ Date: _____