



PARTICIPATION AND CONSENT FOR RELEASE OF INFORMATION

Date:

Student Name: _____ **DOB:** _____

Dear Parents:

Your son/daughter is eligible to participate in the ELECT (Education Leading to Employment and Career Training) Program. Your school district and the Capital Area Intermediate Unit offer this service free of charge in order to help your child:

- 1. Complete his/her high school education with the added academic support needed under the special circumstances he/she is facing.
- 2. Cope with the special needs of pregnancy, including prenatal care and parenting instruction; fatherhood concerns; WIC; daycare opportunities, health insurance and emotional support in dealing with the stress often associated with young parents.
- 3. Make informed decisions regarding secondary education, careers and employment.

Please initial each statement below:

I give permission for my daughter/son, _____ to participate in the ELECT Program.

I give permission for emergency treatment of my son/daughter/grandchild at the nearest local hospital or other medical facility in the event that emergency care is required.

I give permission to share information with other community agencies and to receive information from such agencies in an effort to help support and educate your child. In compliance with the Family Education Rights and Privacy Act of 1974, (PL 93-380), Pennsylvania MH/MR Act of 1966, and MH Procedures Act of 1976, I authorize the release of the following information: medical, educational, social history, case work information.

I understand and agree that the Capital Area Intermediate Unit and the ELECT Program will not be held liable for any injury while participating in the program and/or during transportation to and from our events.

I understand and agree that photos and/or video may be taken of my son, daughter and/or grandchild and give my permission for the ELECT Program to use such images.

Date of Signature	PRINT Student Name	Signature of Student
Date of Signature	PRINT Parent/Guardian Name	Signature of Parent/Guardian

This consent will remain in effect for the duration of the above signed student’s participation in the CAIU ELECT program. This consent may be revoked at any time by a written statement received from the student and/or guardian.