JA BizTown

Parent Consent Form

Homeroom teacher: _____ Social Studies Teacher: _____

Dear Parent or Guardian:

Over the last few weeks our class has participated in JA BizTown programming, part of an exciting college and career readiness partnership between Fulton County Schools and Junior Achievement (JA) of Georgia. As part of the program, our class will visit and apply this learning at the **JA Chick-fil-A Discovery Center at 275 Northside Drive, Bldg. C, Atlanta, GA 30314**. It is an experiential learning lab where the students will receive hands-on, real-world interactions with business management, personal finance, and life skills. Within this program, students have learned the foundational economic concepts essential to citizenship and the professional skills needed for entry into diverse professional settings.

Visit date: **September 24, 2024**. School departure: 9:30AM Return: 3:00 PM

PARENT CONSENT

Please complete the form below to give permission for your child to visit *JA BizTown*. *Make sure to complete all sections, including general consent, photography, lunch, transportation, and medical release.*

- No cost for this trip
- If you prefer your child not to participate, please indicate below. This form must be signed and returned to us by **September 10, 2024**.

☐ Yes, my child has my permission to accompany the class to JA BizTown.

☐ No, my child cannot accompany the class to JA BizTown.

Photography

On occasion, the JA BizTown experience may be photographed or videotaped for use in internal and external media, communications, and marketing materials.

- If JA is aware of this filming, it will notify the school in advance. However, advance notification is not always possible.

☐ Yes, I understand that my child may be photographed or videotaped.

☐ No, I request that efforts be made to exclude my child from any photography or videotaping where they may be easily identified.

Lunch

No availability of vending machines, microwave, or refrigeration

☐ My child will have lunch provided by Chick-fil-A which includes a chicken sandwich, water, and chips. (Note: No Substitutions Available)

☐ My child will bring a packed lunch from home.

Transportation

Students must use the school provided transportation as individual student drop-offs are not permitted.

☐ My child has permission to ride school provided transportation

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VOLUNTEER, WE NEED YOU!

Join your child's school at the JA Chick-fil-A Discovery Center. It's a one-day commitment to serve alongside fellow parents and community members as you coach a small group of students through an immersive program. You may bring other friends, colleagues, and family members 18 years or older.

To sign up, please contact **Emma Thrash at** ethrash@georgia.ja.org with the date you are looking to volunteer and the name of your child's middle school. Please refer to the date on the front page of this form.

MEDICAL RELEASE

I do hereby grant permission to Junior Achievement of Georgia and their respective agents and employees to secure such medical aid and hospital services as may be deemed necessary for the child noted on this form in the event, they should sustain injury or illness while on *the* JA Chick-fil-A Discovery Center's premises. I agree to assume the cost for transport and medical treatment in such an emergency situation.

I have indicated below any medical information of which Junior Achievement of Georgia should be aware in consideration of my child's physical and mental well-being.

I hereby release and discharge Junior Achievement of Georgia from any and all financial responsibility for medical care and/or transportation of such child to receive medical care. I agree to identify and forever hold harmless Junior Achievement of Georgia and its respective agents and employees from any and all claims, damages, costs, attorney's fees, or damages of any kind arising out of my child's visit to the *JA Chick-fil-A Discovery Center*.

Teachers are responsible for dispensing all medication to students while at the JA Chick-fil-A Discovery Center.

Please List any Health or Medical Conditions (including food allergies) JA Staff should be aware of:

_____

_____

School Name (Please print clearly): _____

Homeroom/Main Teacher (if applicable): _____

Student Name (Please print clearly): _____

Parent/ Guardian Name (Please print clearly): _____

Parent/ Guardian Signature: _____

Date: _____