



PARENTAL RELEASE FORM FOR FIELD TRIPS, MEDIA, MEDICAL & EVALUATION

Parent/Guardian Name: \_\_\_\_\_

DATE: \_\_\_\_\_

What is the best method of contact during your daytime hours? \_\_\_\_\_  
\_\_\_\_\_

Child's Name: \_\_\_\_\_

Child's Name: \_\_\_\_\_

THIS FORM IS DOUBLE-SIDED. PLEASE REVIEW BOTH SIDES OF THE DOCUMENT COMPLETELY.

Initials in each of the boxes for which you give your consent. This form is valid for one year from date of signature and initialization.

Permission for GTI Field Trips & Excursions

During GTI program trips and activities, each student group will be accompanied by an adult chaperone(s) who will institute certain guidelines, rules and/or curfews for the welfare of the group. Parents/guardians should be aware and inform their child that a violation of a chaperone's authority may result in the student being sent home at the parent's/guardian's expense. I hereby grant permission for my son/daughter to participate in GTI excursions and agree to release GTI and its employees from liability for any harm or injury resulting from participation.

I further grant permission for my child to travel as a passenger in a privately owned vehicle to and from GTI activities and agree to hold harmless GTI and its employees from liability for any harm or injury resulting from participation.

I hereby release GTI, any private persons, or firms allowing use of their facilities or property during a trip/activity from any claims damages, or injuries arising in connection with the trip/activity, except in case of gross negligence.

Permission for Aspirin/Ibuprofen

In the event of minor pain, e.g. a headache, I give permission for my son/daughter to receive the recommended dosage of (circle medicine(s) of preference):

Acetaminophen (Tylenol) \_\_\_\_\_ Aspirin \_\_\_\_\_ Ibuprofen (Advil/Motrin) \_\_\_\_\_ Benadryl \_\_\_\_\_

Indicate other prescription(s) \_\_\_\_\_

Dosage: \_\_\_\_\_

Medical Release

In the event of an accident or injury to my child while participating in a program activity, I hereby authorize the directors of the trip/activity to initiate whatever prompts and reasonable medical attention may be necessary. This authorization includes, but is not limited to, permission to contract the services of medical personnel, facilities, and/or services warranted by the circumstances. On their part, the directors of the trip/activity will always make a responsible attempt to contact the parents/guardians before any such services, consistent with the nature of the case, are contracted.

Medical insurance: \_\_\_\_\_ Group: \_\_\_\_\_ Policy: \_\_\_\_\_

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Please provide emergency contact person aside from parent/guardian:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Media Release

I give GTI permission to release the name and photo of my child for media purposes. I allow my child to be interviewed and photographed by television, newspaper, and radio sources in reference to their participation with GTI programs.

Evaluation Consent

Your child is enrolled in the Youth Leadership Foundation, an out-school time (OST) program. In order to monitor the effectiveness and progress of our program, GTI participates in ongoing evaluation study. It is the intention of this evaluation to learn how the provided services and activities benefit students, how the program can be continuously improved, and whether participation helps keep students on a trajectory to graduate from high school and reach other goals. We expect no harm will come to parents or children from participation and it may benefit your child by providing opportunities, supports and services that may enhance development. Please note, this is NOT an evaluation of your child. Any information collection will be used ONLY to assess the GTI program. Individual responses will not be made public. We will not use your name or your child’s name in any public report. At the end of the evaluation, GTI and its affiliates will destroy all records that include personal information. Participation is completely voluntary, and participants may withdraw at any time with no consequence. If you have any questions about the study, you may contact the Go Tell It Learning Center, at 301-322-4022.

I hereby grant permission to:

- Collect information from GTI staff, school teachers and afterschool staff about your child’s progress and participation and review program records on participation in the program.
- Survey and/or interview you and your child about the GTI program and its effects.
- Obtain program and school records showing your child’s progress, including information about demographics, enrollment, grades, citywide test scores and attendance.

For my child(ren):

- |               |                      |
|---------------|----------------------|
| • Name: _____ | Date of Birth: _____ |
| • Name: _____ | Date of Birth: _____ |
| • Name: _____ | Date of Birth: _____ |
| • Name: _____ |                      |

Damage and Destruction of Property

I understand and acknowledge that in the event that my child is responsible for the damage, destruction, and/or theft of GTI property or property of GTI affiliates, I may be held financially liable for property in question.