



Permission to Participate in iUrban Teen Programs for 2020

I, _____ give permission for my child, _____
Name of Parent/Guardian Name of Child

to participate in iUrban Teen STEM Youth Program. I understand That iUrban Teen STEM is not responsible for the safety or wellbeing of my child before or after the program's hours of operation, or when the child is not on the site of the program.

CONFIDENTIALITY: I understand that iUrban Teen STEM receives funds from various sources and that these funders collect information about participants of their programs from this form to ensure programs are strong and families receive what they need. This information will be protected and kept private unless one of the exceptions outlined below occurs.

I understand that there will be an exchange of information between staff of iUrban Teen STEM. that provide services to my family and I also understand that staff of this agency will keep information about my family confidential and will not share this information with other individuals or agencies without my consent.

I understand that there are exceptions to confidentiality rights:

- When there is expressed intent or suspicion of harm to oneself or others.
- When there is reason to suspect child abuse or neglect, elder abuse or neglect, and abuse or neglect of dependent adults.

I HAVE READ AND UNDERSTAND THE ABOVE STATEMENTS: I hereby give my consent to receive services at iUrban Teen STEM. Unless I withdraw my consent earlier, this consent will expire one year from the date of my signature. I have a right to receive a copy of this document. I reserve all rights provided to me by law not waived by the scope of this consent and authorization.

Signature

Date

PUBLICITY RELEASE

I, _____, hereby release the use of photographic information, approved quote, story or video taken of me or my children (under eighteen years of age) to iUrban Teen STEM for the purposes of publication and promotion including print publication, web publication, and other publicity and promotional materials.

Signature

Date

Name of Participant: _____

Emergency Contacts

In the event of illness, injury or emergency evacuation, when I cannot be reached by phone, my child may be released to any of the following persons (in a medical emergency, iUrban Teen STEM will call 911).

- | | | | | |
|----|-------|--------------|-----------|------------|
| 1. | _____ | _____ | _____ | _____ |
| | Name | Relationship | Day Phone | Cell Phone |
| 2. | _____ | _____ | _____ | _____ |
| | Name | Relationship | Day Phone | Cell Phone |

Do you have medical insurance? Yes No Type of Insurance: _____

mother's name: _____

father's name: _____

Permission to Obtain Medical Attention

I give permission for my child, _____ (Name of child) to receive urgent medical attention if necessary.

I give permission to iUrban Teen STEM to take my child to the following facility for medical attention.

I hereby authorize the staff iUrban Teen STEM to act according to their best judgment in any emergency or other situation requiring medical attention for the child/children named above. I understand that it is my responsibility to provide medical insurance coverage for the child named above while they are attending iUrban Teen STEM and to provide accurate and complete medical information. I acknowledge that the costs of any medical treatment provided to the child named above that are not covered by medical insurance will be my sole responsibility, consistent with the waiver of claims above.

Parent/Guardian's Signature

Date

Release of Liability Waiver

I understand and acknowledge that participation in iUrban Teen STEM includes activities that can result in physical injuries. I authorize the child named above to participate in all iUrban Teen STEM activities, both on site and off site. On my own behalf and on behalf of the child named above, I expressly and voluntarily assume the risks of these activities and hereby waive and release all claims (whether on behalf of the child named above or for my own benefit) against iUrban Teen STEM (including its staff, employees, and agents) that may arise from injuries as a result of participating in program activities, to the fullest extent allowed under California law. If any aspect of this waiver is deemed to be invalid, I acknowledge that the remainder of the agreement will continue to have full force and effect.

Parent, Guardian's Signature

Date