

Attachment B

PARENT OR GUARDIAN CONSENT FORM

Student Name:

School:

Student ID No.:

Student Email:

Parent Email:

Student Phone #:

Parent Phone #:

Dear **PARENT OR GUARDIAN**,

Your child has been referred to **[INSERT CPS PROGRAM NAME]** as someone who would benefit from CPS services. Your permission is needed for your child's general participation in CPS activities designed to provide wraparound services that will assist families in meeting their students' educational needs.

Among the services offered by **[INSERT CPS PROGRAM NAME]** are **[INSERT LIST OF SERVICES]**. In order for your child to participate, your authorization and agreement to the terms of this consent form, as evidenced by your signature below, is required.

I, _____, hereby grant permission for my child, _____, to participate in all CPS services. I specifically authorize the following:

1. Release of "confidential information" to CPS staff, including but not limited to: access to the student's records, including grades, test scores, attendance or disciplinary records, interviews, etc.; access to other financial, medical, or public assistance information by appropriate agencies for the purpose of serving the needs of the student.
2. Referrals to other agencies for specific services (e.g. health, public assistance, counseling and/or psychological testing).
3. Transportation of my child (whether by public or private transportation, including by bus, taxi, or automobile) on field trips, appointments, meetings, and other activities.

4. Participation in counseling, [LIST OTHER SERVICES] services.
5. Emergency medical or dental treatment from a local hospital or by any licensed practitioner or dentist in the event of illness, accident, or other emergency, if I am unable to be reached in a timely manner. I further state that I will not hold [INSERT SCHOOL DISTRICT] and/or [INSERT CPS PROGRAM NAME] liable for medical and/or surgical treatment in case of illness, accident, or any other emergency situation.
6. Participation in photos, interviews, and/or videotaping pertaining to the program.

I understand that my child's participation in this program is voluntary, and I may rescind my consent at any time by providing written notice to [INSERT SCHOOL DISTRICT] and [CPS Company].

I assume any and all risks of personal injuries to my child, including medical or hospital bills, and damage to my or his/her own property, caused by or arising from my child's participation in the CPS services. I agree to fully waive any and all claims of whatever nature, fully and finally, now and forever, for the student, myself, my estate, my heirs, my administrators, my executors, my assignees, my agents, my successors, and for all members of my family, and to indemnify, release, defend, exonerate, discharge and hold harmless all current, former and future members of the [INSERT SCHOOL DISTRICT], all current, former and future employees of [CPS PROGRAM NAME], and their schools, trustees, officers, agents, volunteers, and contractors ("Indemnified Party") from any and all liability (including reasonable attorneys' fees), personal or property damages, claims, causes of action or demands brought against [INSERT SCHOOL DISTRICT] or [CPS PROGRAM NAME] or Indemnified Party arising out of any injuries to my child or to his/her property or losses of any kind which may result from or in connection with his/her participation in any activity related to the CPS services.

Indicated below are any activities in which I do not wish my child to participate:

Signature of Parent/Guardian

Date

Signature of Student

Date