



Communities In Schools of Chatham County Parent Consent Form

Dear Parent/Guardian:

Your child, _____ has been referred to Communities In Schools (CIS) at Chatham Middle School. CIS provides various support services and enrichment experiences to meet your son's/daughter's academic and health and human services needs, all designed to guarantee that your son/daughter continues his/her education. Your permission is required for your child's general participation in Communities In Schools and for **CIS to access, track and report all required student data.** Please sign below to grant permission for your child's participation in the program.

A. I, _____, hereby grant permission for my child to participate in Communities In Schools. I specifically authorize the following:

1. Conducting of interviews, tests, and questionnaires for student or project evaluation purposes.
2. Release of confidential information to qualified professional staff as needed.
3. Referrals to other agencies for specific services.
4. Authorization for my son or daughter to be transported to field trips, appointments, meetings and other activities.
5. Participation in services specified in my child's individualized student plan.
6. Routine medical or dental treatment to be administered by a licensed health practitioner.
7. Emergency medical or surgical treatment from a local hospital or by any licensed health practitioner or dentist in the event of illness, accident, or other emergency, if I am unable to be reached.
8. Public relations – related activities including interviews, photos, and program promotion.

B. I further state that I will not hold CIS, the participating school district, or any other authorized work site, organization, or agency liable for medical and/or surgical treatment in case of illness, accident or any other emergency situation.

C. To further my child's academic, personal, and vocational development, I will participate in at least two parent-team conferences per year to discuss my child's progress (through either a home visit or a school visit).

Signature of Parent or Guardian

Date

Home Telephone

Work Telephone

Mobile Telephone