



Campus Name & Code: Memorial High School – 920-001 Student ID: _____

Student Name: _____ Grade: _____

Consent to Participate:

1. I give permission for my child (name): _____ to participate in the Communities In Schools (CIS) program for the 2022-2023 school year. Services my child may receive include but are not limited to supportive guidance/counseling, educational support, tutoring, mentoring, enrichment activities, referrals to other agencies, and other: _____.
2. I give permission for my child to complete surveys and/or assessments administered by CIS to guide service planning and determine progress, and give permission for CIS to use [on an anonymous basis] the responses to surveys and/or assessments in promotional materials and content for CIS.
3. I acknowledge that this consent is voluntary and may be revoked at any time by informing CIS staff, in writing, except that prior consent will still apply to the extent that agencies have already acted in reliance of it.
4. I give permission for my child to participate in field trips and other activities sponsored by CIS. Private transportation may be used in these and other activities.
5. I give permission for routine or emergency medical or dental treatment by any licensed medical doctor to be provided in the event of illness or accident if I am unable to be reached.

Consent to Release of Information:

6. I give permission for CIS to provide and obtain the following information about my child (name): from the school, school district, the Texas Education Agency and/or the CIS National Office: demographics, grade reports, attendance records, test scores, promotion, graduation and leaver status, disciplinary information, class schedules, identification numbers, free/reduced lunch status, health-related information, special education information, interventions and services provided, survey responses and other: _____.
7. I acknowledge that the information provided and obtained may be used to plan and adjust services that will help my child, for tracking and reporting purposes, and to evaluate and determine the effectiveness of the CIS program.
8. I acknowledge that the records and information released under this consent will be kept confidential to the extent permitted by law and used only for the purpose indicated.
9. I acknowledge that the release of records under this consent is subject to any limitations placed by federal and state law.
10. I acknowledge that this consent allows release of data for the school year listed above. Data from this year will be retained for up to seven years and may be shared during that time for evaluation purposes or to provide services that will help my child.
11. I acknowledge that the records released concerning the student may contain references to other persons (i.e., members of the student’s family).
12. I understand that the data and information collected on my child including documentation of services provided to my child is maintained in a secure computer database and a case file. I authorize CIS to maintain the information provided for the purposes noted above in the CIS computer database and case file.
13. I acknowledge that I have the right to inspect or obtain a copy of any record released by this consent upon request in writing to the releasing agency, subject to any applicable copying costs and legal limitations.

14. In addition, I give permission for CIS to provide and/or obtain the above information and other information noted below from the following individuals or organizations:

_____ Individual/Organization _____ Individual/Organization

15. I acknowledge receipt of the CIS Participant Rights.

CIS may use my child’s image as explained herein. I understand that CIS may take and use photographs, digital or other recordings, or other images of my child participating in the Program as part of its fundraising and marketing efforts. I consent to CIS’s use of my child’s image for these and similar purposes, whether in printed materials, on the Internet, or in any other medium, without any time limitation. I understand that CIS is not obligated to compensate me or my child for such use of my child’s image. YES NO

My signature below gives permission for my child to participate in the CIS program. My signature authorizes CIS to obtain the above types of information related to my student and to provide the above types of information to the school, school district, Texas Education Agency, CIS National Office and/or the released agents identified above.

I release Communities In Schools and its employees, volunteers, or agents from liability for accidents, injuries, or illnesses that may occur to my child during his/her participation in the program. My child and I understand that we are voluntarily participating in the Communities In Schools program.

Name (Please print): _____

Relationship to Student: Mother Father Legal Guardian Independent

Address: _____ City: _____, TX Zip: _____

Phone: _____ Phone Type: Cell Home Work

E-Mail: _____ County: _____

Signature: _____ (Signature must be in ink) Date: _____

CIS Staff Signature: _____ Staff Code: _____ Date Received: _____