

After-School Program Parent/Guardian Consent Form

Student Information

Full Name

Date of Birth

Grade

School Name

Parent/Guardian Information

Full Name

Relationship to Student

Primary Phone Number

Email Address

Emergency Contact

Contact Name

Relationship

Phone Number

Medical Information

Allergies or Medical Conditions

Medications

Program Consent

☐

I consent to my child's participation in the After-School Program.

Media Release

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I give permission for photos/videos of my child to be used for program purposes.

Additional Comments

Parent/Guardian Signature

Name

Date