

# East Bay Asian Youth Center-Shop 55 PARENT/ LEGAL GUARDIAN CONSENT FORM

DATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

STAFF NAME: Susan Yee and Rany Ath

1. I am the legal parent/guardian, and I give my consent to the East Bay Asian Youth Center (EBAYC) to enroll my child in EBAYC's programs and activities, including:

\_\_\_\_\_ EBAYC After-School Tutoring and Academic Case Management

\_\_\_\_\_ Shop 55 Wellness Services (First Aid, Counseling, and Leadership/Support)

2. EBAYC has informed me that the services my child receives from EBAYC are confidential to the full extent permitted by State and Federal laws.
3. EBAYC has informed me that my child may be **interviewed, photographed, and/or videotaped** for the purpose of publicizing the work of. I hereby give the East Bay Asian Youth Center the right to use my child's name, picture, portrait, creative works, photograph, video and audio recording for advertising or any other lawful purposes, and I waive any right to inspect or approve the finished version(s).
4. EBAYC has informed me that my child will be asked to fill out a **survey** twice a year, and may be asked to take part in interviews for the purpose of evaluating the effectiveness of EBAYC's programs. I understand that my child's responses will be kept confidential and that my child has the right to refuse to answer any questions that make him or her feel uncomfortable or embarrassed.
5. I hereby give my **consent** to Oakland Unified School District to disclose to the East Bay Asian Youth Center any and all requested information regarding my child. I understand that the information obtained by EBAYC shall remain **confidential**.
6. EBAYC shall immediately notify me in the event of an emergency that requires my child to secure medical attention or hospitalization.
7. I authorize EBAYC to furnish and/or obtain **emergency medical treatment**, which may be necessary for my child during EBAYC program.

8. In the event of an emergency and EBAYC is unable to reach me immediately, EBAYC shall contact and/or release my child to the following individual(s).

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Relationship to Child

Does your child have health coverage?      ••YES      ••NO

Name of Medical Insurance: \_\_\_\_\_

Policy / Insurance Number: \_\_\_\_\_

Primary Insured's Name: \_\_\_\_\_

9. I do hereby for my child, myself, my heirs, executors and administrators, fully release and discharge the East Bay Asian Youth Center, its officers, agents, employees, and volunteers from all claims, demands and causes of action of any kind whatsoever which may be sustained as a result of my child's participation in the activities, services and programs of EBAYC.

10. My consent to all of the above shall be effective for the following time period:

August 19, 2009  
Beginning Date

June 30, 2010  
Ending Date

\_\_\_\_\_  
Parent/Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Name