

Medical Authorization

Should it be necessary for my child to have medical attention while participation in the Career Literacy for African American Youth (CLAAY) program, I hereby give the school district and CLAAY personnel permission to use their best judgment in obtaining medical service for my child, and I give them my permission to the physician selected by the school district and/or CLAAY personnel to render whatever medical treatment he or she deems necessary and appropriate. Permission is also granted to release necessary emergency contact/medical history to the attending physician, or to the school district and or CLAAY personnel, if needed.

Student Name: _____

Address: _____

Date of Birth: _____

Name of Parent/Guardian: _____

Home Phone: _____

Name of Alternate Contact: _____

Relationship to Student: _____ Phone: _____

Family Doctor: _____ Phone: _____

Preferred Hospital: _____ Phone: _____

Does your child require any special accommodations because of medical limitations, disability, dietary constraints or other restrictions? Please explain.

I hereby agree to all of the above authorizations and permission

Signature of Parent/ Guardian

Date

Fall 2005

Dear Parent/ Guardian,

Your son/daughter has been selected to participate in the Career Literacy for African American Youth (CLAAY) program. An overview of the program is attached. In order to make the program a complete success, we would like you to carefully read the consent forms below and sign-off on them. If you have any questions, please call me at 412-396-1143. Thank you for partnering with us and helping us help your child succeed.

Sincerely,

Vernon Tipton, Ed.D.
CLAAY Program Director

Program Consent

I have read the attached brochure about the CLAAY program. I give
_____ permission to participate in the CLAAY program.

(child's name)

(parent/guardian signature)

(date)

Photo Consent

I give the CLAAY program permission to photograph/videotape my son/daughter for publications like informational brochures and flyers, newspaper articles, and annual reports.

(parent/guardian signature)

(date)

Student File Consent

I give the CLAAY program permission to access my child's academic, attendance, and behavioral records to use in the program evaluation. I am aware that my child's individual information will be used anonymously in overall group statistics and never used publicly (*unless further permission is requested and given*).

(parent/guardian signature)

(date)