

EMERGENCY MEDICAL TRANSPORTATION

In the event of illness or an accident requiring immediate medical care, permission must be granted for emergency medical transportation and treatment. I, _____, give permission to the afterschool staff to call 911 and arrange transportation of my child to/from the closest medical facility, hospital or Physician’s office.

Parent/Guardian Signature

Date

Hospital Preference: _____

Pediatrician/Family Physician: _____ Phone Number: (____) _____

It is understood that every effort will be made to contact the parent and/or guardian promptly, however, in an emergency situation where a parent and/or guardian cannot be reached please contact the following:

Contact 1

Name: _____

Address: _____

Phone: (____) _____

Contact 2

Name: _____

Address: _____

Phone: (____) _____

HEALTH INFORMATION

This confidential health information will only be used to ensure the safety of the children in this program. Please provide your child’s medical history (if yes, please specify).

Allergies to food: Yes ___ No ___ Specify _____

Behavioral/Emotional: Yes ___ No ___ Specify _____

Physical Disabilities: Yes ___ No ___ Specify _____

Corrective Device: Yes ___ No ___ Specify _____

Asthma: Yes ___ No ___ Does your child use an inhaler: Yes ___ No ___

Allergies to penicillin: Yes ___ No ___ Allergy to plants: Yes ___ No ___

Allergy to insect stings: Yes ___ No ___ Hay Fever: Yes ___ No ___

Convulsions/seizures: Yes ___ No ___ Diabetes: Yes ___ No ___

Learning Disability: Yes ___ No ___

Other _____

Does your child have special health care needs that require treatment and/or medication? Yes ___ No ___

If Yes, Please List

PERMISSIONS

Child's Name: _____

School: _____

Consent to Photograph, Film, or Videotape a Student for Non-Profit Use (Educational, Public Service or Health Awareness Purposes)

_____ I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or
initial video tapes of the Student named above by **Waverly REACH Afterschool Program**.

_____ I also grant to **Waverly REACH Afterschool Program** the right to edit, use, and reuse said products for non-profit
initial purposes including use in print, on the internet, and all other forms of media.

_____ I also hereby release the **Waverly REACH Afterschool Program** and its agents and employees from all claims,
initial demands, and liabilities whatsoever in connection with the above.

Student Data and Evaluation Consent Form

In order to monitor the effectiveness of the afterschool program and ensure its future success, an independent evaluator is conducting an ongoing evaluation. It is the intention of the evaluation to learn how these after-school services help students, and how they can be improved in order to meet the grant requirements.

Specifically, Cornell Cooperative Extension of Chemung County and the Evaluator, RED group, asks permission to work closely with the school and:

- Contact your child's school to obtain records showing his or her progress, including information about grades and citywide and statewide test scores.
- Survey and/or interview you and your child about the afterschool program and its effects. Any information we collect will be used only to assess the after-school program and will not be made public. Participating in the evaluation will not affect your child in school in the afterschool program, or in any other way. We will not use your name or your child's name in any report. At the end of the evaluation, we will destroy all records that include personal information. Participation in the study is completely voluntary and participants may withdraw at any time with no consequences. Please select one of the options below.

_____ YES, I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE. I have read the above information and I give
permission for my child to participate in the evaluation of the afterschool program. I also consent for the
evaluator and CCE to obtain my child's records (IEP's, progress reports, report cards) and to interview me and
my child.

_____ NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the above information and I DO NOT give permission
for my child to participate in the evaluation of the afterschool program.

If at any time you change your mind about this decision, you may contact the Site Coordinator at your site.

Behavior Consent Form

_____ YES, I give permission to the Afterschool Program to remove my child from the program if program rules are not followed
and/or behavior becomes an issue.

I have read and understand all of the Afterschool Program permissions. I reviewed them with my child and agree to abide them.

Parent/Guardian Signature _____ Date _____

Student/Child Signature _____

CODE OF CONDUCT

Our first priority is to create a safe, inclusive space for learning, sharing, collaboration, and welcoming to people from diverse backgrounds, cultures and perspectives. Diversity includes, but is not limited to: race, color, religion, political beliefs, national or ethnic origin, immigration status, sex, gender, gender identity and expression, transgender status, sexual orientation, age, marital or family status, educational level, learning style, physical appearance, body size, protected veterans, and individuals with disabilities. CCE actively supports equal educational and employment opportunities. No person shall be denied admission to any educational program or activity on the basis of any legally prohibited discrimination. CCE is committed to the maintenance of affirmative action programs that will assure the continuation of such equality of opportunity.

All REACH participants—youth, families, and Extension staff—who are active in any activity or event, are required to uphold the values of the REACH program and conduct themselves according to these standards. The standards also apply to online activity, including social media internet presence.

Ground Rules

The following Ground Rules apply to all REACH participants. Extension staff are accountable to additional standards of professionalism that are outlined by position descriptions and CCE human resource policies.

- 1. Create a Welcoming Environment for All.**
- 2. Bring Your Best Self.**
- 3. Obey the Law.**
- 4. Honor Diversity – Yours and Others’.**
- 5. Create a Safe Environment.**
- 6. Be a Team Player.**
- 7. Participate Fully.**
- 8. Watch What You Wear.** Don’t wear revealing clothing, such as short skirts or shorts, midriff-baring tops, and sagging pants.
- 9. Be a Positive Role Model.**

Consequences

The following consequences may be used, depending on severity of the situation:

1. Participant will receive a verbal warning.
2. Participant may remain at the event/activity, but may possibly be barred from a future event.
3. Participant may be asked to leave the event/activity. Parent(s) will be called and the youth will be sent home at family’s expense.

***All REACH afterschool participants are required to follow the Waverly School Code of Conduct at all times in addition to the REACH Code of Conduct listed above.**

ACKNOWLEDGEMENT OF RISK

This form must be completed to participate in the REACH program and related activities. I hereby apply for my child to participate in the REACH program indicated below to be conducted by the designated Cornell Cooperative Extension Association and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the REACH program and activities and my child's participation in said REACH program and all its activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property.

I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept these risks and dangers.

My child is in good health and is at or above the minimum age required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

CORNELL COOPERATIVE EXTENSION CHEMUNG COUNTY: REACH Program Year: July 1, 2019 thru June 30, 2020. This covers All REACH activities and events for program year.

I have read the above and by signing it I agree it is my intention to have my child participate in the indicated activity and I understand and accept the risks involved. This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child's participation in the activity shall be venued in the Supreme Court of the State of New York of the county where the County Extension office is located.

I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.

SIGNATURES

With my signature, which I voluntarily affix to this document, I acknowledge that the information is accurate to the best of my knowledge, and I have read and understand the terms of all releases, acknowledgements and agreements herein.

Parent/Guardian: (please print name)

Parent/Guardian Signature: Date: