



LEARN Summer 2023 Program Consent Form

Child #1 Last Name: _____ First Name: _____

Child #2 Last Name: _____ First Name: _____

Child #3 Last Name: _____ First Name: _____

Emergency Medical Release

In case of a serious accident/injury/illness, I hereby authorize LEARN Resource Center staff to call "911" BEFORE notifying me or my physician. If an ambulance is necessary, I understand that LEARN Resource Center will not be held responsible for any costs this action may incur.

Child's Doctor _____ Preferred Hospital _____

Photo Release

I give LEARN Resource Center permission to publish in print, electronic, or video format the likeness or image of my child(ren). I release all claims against LEARN Resource Center with respect to copyright ownership and publication including any claim for compensation related to the use of the materials in publicity, illustration, advertising, and Web content.

Signature of Parent/Guardian

Date

Consent to Share Educational Records and Information

I authorize East Allen County School Corporation and LEARN Resource Center and partner agencies to exchange information related to my child. This information includes, but is not limited to:

- Permission to interact with your child's teacher on a regular basis.
- Access to attendance, class work/homework and report card grades.
- Access to test scores (i.e., DIBELS, I-READ, I-LEARN)

All information will be kept confidential by the receiving organization or agency. The information exchanged will be used to meet grant requirements. I understand the personal records are protected by various federal and state laws and cannot be disclosed without this, my written consent, unless otherwise authorized.

I have read and fully understand the above statements.

Signature of Parent/Guardian

Date