



## After-School Participation Form

### Overview for Site Staff

The following provides a brief description of this After-School Participation Form. Please remove this sheet before sharing with schools.

#### Who

This consent form is to be used by all teams that lead after-school services.

#### Uses

This consent form is to be given to the parents/guardians every student who participates in our after-school programs. This form has been approved by City Year's legal team to ensure that your site, and the organization at large, is legally protected from common forms of liability that may occur during the after-school time frame.

#### Why After-School?

Any party that is considered to be the "lead party" in any given situation is legally responsible – and liable – for any harm or damages that may occur in that situation. Hence, if a student requires CPR in a classroom that a corps member works in, the teacher is the lead party (though we would play a key role in responding to the incident). If a lawsuit were to result from the situation, the school would be responsible and not City Year.

However, during the after-school hours when most school personnel have left the campus, City Year is often the lead party facilitating our after-school programs.<sup>1</sup> Hence, it is critical that we receive parental consent for the following:

Area of Consent Included in this Form	Description
<input type="checkbox"/> Permission for their child to participate in after-school programming	General authorization to participate in City Year's after-school programming.
<input type="checkbox"/> Waiver of liability	Releases City Year from legal action resulting from any incident occurring during normal after-school operations.
<input type="checkbox"/> Authorization for City Year to perform emergency medical assistance	Includes CPR and First Aid. Also acknowledges that City Year will contact the parent/guardian and medical professionals as necessary.
<input type="checkbox"/> Permission for City Year to collect photos/video/quotes of their child and to use for marketing purposes	We often use these for our marketing purposes; however, if we were to use them in our materials without a written record of consent, then the site and organization at large is liable.
<input type="checkbox"/> Permission to transport youth (i.e. field trip)	This form gives you the option to do so should a need or opportunity arise. It will be easier to collect this permission in this form than to pursue it later in the year.

<sup>1</sup> Though City Year may be the only ones facilitating a program, per AmeriCorps regulation, appropriate school representatives should be quickly accessible to the team at all times.

**Do not alter the text in the consent form in any way other than where noted in blue.****Administering this Form**

This form should be administered and collected on behalf of **all** participating after-school youth as early in the year as possible. In fact, for every day that you lead after-school programming without these signed forms in your possession you are exposing yourself to the potential risk of liability.

We recommend you collaborate with your school partner to find out how they can best support the timely administration of this form:

- ☐ Keep in mind that our new, standardized School Partner Agreements includes language stating that the school partner agrees to support this process.
- ☐ During the summer when administrators and faculty return, but before students arrive, strategize opportunities with the partner. For example:
  - Many schools host a start of year open house for families which you could leverage.
  - Additionally (though not in place of face to face contact), you may be able to include this form in the school's mailings to families.
- ☐ If you are leading after-school programming in partnership with another after-school provider, see if you can include this text in their forms to help streamline the administration of it.
- ☐ Leading a start of year family orientation event is a good idea for a multitude of reasons. Use this time to also collect family signatures.
- ☐ You may want to include a cover letter that provides additional context about City Year and the incredible opportunities we provide youth.
- ☐ Seek to administer this form at other periods during the year as your after-school enrollment changes.

**Storing Completed Forms**

All completed forms should be stored in a secure location at the City Year office, preferably with other collected student information. If the parent indicates that the student has a medical condition, please have parent complete a medical plan and store plan alongside participation form. Please see City Year's Student Confidentiality Policy for more information.

**Implications if Parent/Guardian does not sign***Section 1: Consent to participate/waiver of liability/authorization for emergency medical care*

If any families choose not to sign the first section of the form, we cannot include their children in our after-school services if we are the primary provider. These children, however, may participate in after-school programming that City Year supports but is not the primary provider.

If you are the primary provider and you do not receive consent for a student's participation, notify the school partner to make alternative arrangements or to enlist their assistance in double checking the families' wishes.

*Sections 2 and 3: Photo Release and Transportation of Youth*

Please note that refusing to agree to these two sections of the form does not exclude their child from participating. However, we must be careful to honor their wishes and not take photos, collect quotes or transport their children (however, the children can be transported by the school).

#### **Special Note Regarding Other Uses of This Form**

You may need to receive consent to perform certain activities outside of after-school. These include:

- ☐ If you choose to collect photos/video/quotes from students outside of after-school (i.e. during recess or classroom support)
- ☐ City Year is the primary party responsible to transport youth outside of after-school (i.e. A field trip as part of a lunch time enrichment club). This does not apply to school-led travel in which City Year plays a *support role*.

If either of these situations arises, then this form alone will not protect you from liability. You will need to copy and paste the appropriate sections, without altering the text, into a separate form for parents/guardians to complete.

#### **Special Note Regarding Obtaining Consent for Students' Participation in our Evaluation Efforts**

City Year's evaluation practices are constructed in such a way that most school districts will not require you to obtain parent consent in order for students to participate in our evaluation efforts. However, should a school or district require that you obtain consent, please contact the HQ Director of Evaluation for consultation.



# After-School Participation Form

Insert School  
Name or Logo  
Here

[School Partner] is proud to partner with City Year, a nation-wide youth development organization, to further enrich the learning experiences of our students. This form requests your written permission for your child to participate in City Year's after-school programs. Please print responses and [\[add instructions here to indicate your form collection process and timeline\]](#).

For more information about City Year, please contact: City Year [\[site name\]](#) • [\[address\]](#) • [\[name and phone number for Program Manager\]](#) • [www.cityyear.org](http://www.cityyear.org)

## STUDENT INFORMATION

Last Name: Doe First Name: John Nick name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Home Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_ Gender: \_\_\_\_\_  
 Student attends: \_\_\_\_\_ Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

Name of parent/guardian 1: Maria Kyle  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Day/Cell Phone #: (4154887408) \_\_\_\_\_ Evening Phone #: (\_\_\_\_) \_\_\_\_\_ Email: zahidnub445@gmail.com  
 Name of parent/guardian 2: \_\_\_\_\_  
 Address (if different from above): \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
 Day/Cell Phone #: (\_\_\_\_) \_\_\_\_\_ Evening Phone #: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_  
 What languages are spoken at home? \_\_\_\_\_

## EMERGENCY AND MEDICAL INFORMATION

### Additional Emergency contacts (other than parent or guardian)

Name: Maria Kyle Relationship: Parent Day/Cell Phone #: 4154887408  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Day/Cell Phone #: \_\_\_\_\_

**Medical Concerns:** Please describe any medical/physical conditions of your child which City Year staff should be aware of.  
*If student has a medical condition, please complete a student medical plan.*

Allergies: \_\_\_\_\_ Dietary restrictions: \_\_\_\_\_  
 Medications: \_\_\_\_\_ Limitations on activities: \_\_\_\_\_  
 Chronic health conditions: \_\_\_\_\_  
 Additional comments: \_\_\_\_\_

Primary Doctor/Pediatrician: \_\_\_\_\_ Phone #: ( )

Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_ Phone #: ( )

## PARENTAL CONSENT

### PERMISSION TO PARTICIPATE

#### INFORMED CONSENT FOR PARTICIPATION, WAIVER OF LIABILITY, AND AUTHORIZATION FOR EMERGENCY MEDICAL CARE

I Maria Kyle, \_\_\_\_\_, being the parent/legal guardian of John Doe, a minor, do hereby consent to his/her participation in voluntary projects, events, and programs sponsored and/or organized by City Year. I understand that he/she is responsible for his/her behavior and will only perform volunteer work or participate in activities that he/she is comfortable doing. Having read this waiver and knowing these facts and in consideration for the acceptance the above-named minor's participation in City Year's organized and/or sponsored projects, events, and programs, I do hereby waive and release City Year, the sponsors, their staff and all persons directly or indirectly related to the program of any project my son/daughter works on, from any and all claims that may arise as a result of any expenses, personal injury, loss or damages incurred by my son/daughter during his/her participation in a City Year volunteer program. I understand the staff is trained in first aid and I authorize them to give my child first aid when staff deems it appropriate. I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached in the case of accident or illness, I grant City Year staff members the power to authorize emergency medical treatment necessary for my child. In the event I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment of all other related care, including the administration of drugs, tests, injuries, anesthesia and/or blood transfusions to the above named minor person that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports to any doctor or agency and consent to the admission of the above named minor person to the hospital.

DocuSigned by:

Maria Kyle

2A102DD4E84404...

Signature of Parent/Guardian

6/10/2018

Date

### PERMISSION TO TAKE AND USE PHOTOS AND QUOTES

#### INFORMED CONSENT FOR PARTICIPANT REPRESENTATION IN PUBLICATIONS

In order to promote community and national service, City Year relies on the use of photos and quotes from participants. As such, I hereby authorize and grant permission for City Year to use any photos, film, digital imaging, videos, verbal and written statements of the above stated participant or their likeness for promotional, or other uses by City Year either associated with the project, event, program, or otherwise. I acknowledge that I will not receive compensation for the use of such materials, and I hereby waive any and all claim to any such compensation.

DocuSigned by:

Maria Kyle

2A102DD4E84404...

Signature of Parent/Guardian

6/10/2018

Date

### PERMISSION TO TRANSPORT YOUTH

I hereby give permission for City Year to transport my son/daughter, which may include public transportation, on all service projects inside the **CITY OR COUNTY HERE** area.

DocuSigned by:

Maria Kyle

2A102DD4E84404...

Signature of Parent/Guardian

6/10/2018

Date