



CONSENT AND RELEASE FORM

Date: _____

Program Location: _____

Child/ren's Names: _____

Records and Testing:

I hereby give consent and authorize Children, Inc. School Age Services to exchange information regarding my child with those professional agencies (such as your child's teacher or school personnel) or people concerned with my child's education or health.

I do hereby give consent and permission to periodically administer testing or surveying to measure my child's academic or attitudinal, interest and/or opinions. Such as (focus groups, opinion surveys or other testing to determine effectiveness of programming and/or curriculum).

Photographic Permission:

There are occasions when our agency or other organizations such as newspaper, television stations, media, non-profit agencies or other groups are interested in visiting and taking photos, filming or obtaining art work, drawings, poems or other work by the children for publication or public display.

I hereby give consent and permission as a parent or guardian for my children to participate in such activities and/or the reproduction, publication use for public display and other use of materials or work, photographs or cinematic image and/or voice, artwork, drawings and/or related works by our agency, newspaper, television and/or organizations and entities mentioned above without compensation by or liability to Children, Inc. or other groups.

Signed; _____ (parent/guardian) Date: _____

Home phone: _____ Work/cell: _____