



Bakersfield City School District

**Parent Permission Form to Participate in After School Education and Safety Program
Offered by the Bakersfield City School District, Waiver of Liability**

Parent/Legal Guardian: Complete one form for each child enrolling in the After School Education and Safety Program.

- Check box if student was in Program last year
- Check box if student had siblings in Program last year
- Check box if you plan to have more than one (1) child in Program this year

Child's Name _____ Birthdate _____ Age _____
 Child's Address _____ City _____ Zip _____
 School Attending _____ Grade _____ Teacher _____

I/We (Parent/Guardian of Student, "Parent/Guardian" and student participating in the Program, "Student"), by signing below, agree to the following with respect to Student's participation in the Bakersfield City School District's ("District") After School Education and Safety Program ("Program"):

- A. At the Program's conclusion for each day of service, my son/daughter will (please check one and sign):
- Walk home. Therefore, I authorize the Program staff to sign my child out of the Program.
Parent/Guardian signature _____ **Date** _____
 - Be picked up by myself/spouse or one of the adults authorized on the emergency information card I/we completed for the school.
Parent/Guardian signature _____ **Date** _____
 - Other (please describe) _____
Parent/Guardian signature _____ **Date** _____

I/We understand that if I/we designate that an adult must be present to pick up my Student at the school and no one is present at the conclusion of the Program, this may result in corrective action including removal from the Program.

I/We acknowledge that neither the District nor its contractors (i.e., the Boys and Girls Club of Bakersfield or Girl Scouts) provide supervision for students walking home after the conclusion of the Program. I/we further acknowledge that when a student is to be picked up by an adult, this release will occur only when staff verify the adult's identity and if (1) the adult is the student's custodial parent/guardian; or (2) other authorized adult.

- B. Student and Parent/Guardian understand that Student shall act responsibly and with self control while participating in the Program. Student and Parent/Guardian acknowledge that Student is a person of sufficient maturity to make reasonable decisions about his/her conduct, and Student shall accept full responsibility for such conduct while participating in the Program. Student agrees to abide by the District discipline code while participating in, going to, and coming from the Program. Misconduct may be subject to discipline including suspension, expulsion, and removal from continued participation in the Program.
- C. Student and Parent/Guardian acknowledge that neither the District nor its contractors (i.e., the Boys and Girls Club of Bakersfield or Girl Scouts) provide or make available medical and hospital services for students of the District injured while participating in the Program. Student and Parent/Guardian acknowledge that there are certain risks inherent in participating in the Program, including, but are not limited to, accident, injury, illness or damage to personal property. Student and Parent/Guardian further agree that the District cannot ensure the safety of Student. Student and Parent/Guardian expressly assume these risks and agree that they will not hold the District responsible if such events occur.
- D. Student and Parent/Guardian, as a condition of Student's participation in the Program, hereby agree to indemnify, hold harmless, and waive all claims or suits for damages or injury arising from the Student (over) participating in the Program and liability against the District, its officers, agents, employees, and volunteers, for injury, accident, illness, or death occurring during or by reason of this Program participation and Parent/Guardian hereby waive any and all rights to hold the District personally, individually, jointly or severally liable for any and all claims.

- E. In the event of an accident, injury and/or medical emergency, Program Supervisors are hereby authorized to consent to and obtain whatever emergency medical treatment, surgery or dental care is considered necessary from and in the best judgment of the attending physician, medical care facility, hospital, paramedic unit or other health care provider deemed appropriate by Supervisors in the circumstances. In the event it is impossible to receive instructions for Student's care, full authorization is given to any licensed physician and/or surgeon for the provisions of medical treatment, including the administration of drugs or medication, and the performance of surgical treatment for the relief of pain and/or the preservation of life and/or health and well being. Student and Parent/Guardian understand that this authorization is given in advance of any specific diagnosis or treatment being required and that such authorization is given to provide Supervisors and the District with the power to secure reasonable medical care under emergency circumstances. Medical costs incurred shall be the responsibility of Student and Parent/Guardian.
- F. Student and Parent/Guardian agree to pay for such medical care whether or not the costs are insured by Student or Parent/Guardian's health insurance. Student and Parent/Guardian understand that an attempt will be made to contact Parent/Guardian by telephone if possible, before such care is administered.

Phone Number(s) where parent(s)/guardian(s) can be reached: _____
 Name of Medical Insurance: _____ Emergency medical contact number(s): _____
 Medical history that may be of importance: _____
 Medication student is taking (if any): _____ Medication student should not take: _____

- G. The District does not pay for accidental injuries to students.
- H. Student and Parent/Guardian understand every student attending a school operating a Program is eligible to participate in the Program, subject to Program capacity. If the number of students wishing to participate in the program exceeds program capacity, students shall be selected for enrollment based on the criteria provided in California law and District policy.
- I. Parent/Guardian understands the District desires strong parental involvement to improve student achievement.
- J. Student and Parent/Guardian understand each student admitted into the Program is expected to attend the full number of hours that the Program is in operation every day that he/she participates. However, when necessary, Parent/Guardian may request, in writing, that the Superintendent's designee approve the reasonable early daily release of his/her child from the Program. This request shall not be approved if the Student would be attending less than one-half of the daily Program hours.

I have read, understand, and voluntarily agree to all provisions stated above. I give my permission for my child to participate in the After School Education and Safety Program offered by the District described herein.

Parent/Guardian Name: _____ Cell phone (if available) _____
 Address: _____ Day Phone _____ Evening Phone _____

Parent/Guardian signature _____ **Date** _____

SITE COORDINATOR USE ONLY

Date *Parent Permission Form* received: _____ Enrollment Date: _____
 Specified Health/Safety Needs: Yes ___ No ___ Remarks: _____

Enrolled Waiting List Enrolled from Waiting List