

S.O.S PROGRAM

PARTICIPATION CONSENT FORM

I (we) the undersigned parent/guardian(s) of _____ give permission for him to participate in the S.O.S. program at _____ (Name of school) and any school that my child may attend. I also authorize the school to release information concerning the academic and social progress of my child to the S.O.S. Program Coordinator. I further authorize the S.O.S. Program Coordinator to respond to my child's school address to address situations which concern my child, or when called by a school official, or to visit my child at school. I also give permission for my child to participate in any field trip that she becomes eligible for in the S.O.S. Program.

This consent shall be effective until the student's high school graduation, or until revoked in writing.

- Please check this box if you object to your child participating in the following sessions:
Growth and Development (Understanding Puberty), Reproductive Anatomy, and Pregnancy Prevention.

Child's Name _____ Grade _____ ID # _____

Address _____

City/State/Zip _____

Home Number _____ Cell Number _____ Date of Birth _____ Race _____

Is your child taking any medications? _____ Yes _____ No If yes, please list type and dosage _____

Is your child allergic to anything? _____ Yes _____ No If yes, please specify _____

Is your child currently receiving counseling or therapy on a regular basis? _____ Yes _____ No

Insurance Provider _____ ID # _____

I (we) the undersigned parent/guardian(s) of _____ a minor, do hereby authorize the S.O.S. Program coordinator or anyone she may delegate as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable, by and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the medicine practice act in the medical staff at any hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. This authorization applies only when my child is involved in a S.O.S. Program event.

The program coordinator hereby agrees to contact and in good faith attempt to contact parent or guardian prior to child receiving non-emergency or emergency medical attention, treatment or hospital care which is deemed advisable by a licensed surgeon. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care required but is given to provide authority and power on the part of aforesaid agent(s) to specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of the his best judgment may deem advisable. This authorization shall remain effective indefinitely, unless revoked in writing and delivered to the said agent(s). I understand that I am responsible for any medical expense that occurs. Further, the S.O.S. Program or any entity under its control and authority released from liability arising from any circumstances that may happen to the above mentioned minor while he is under the control of the said(s) whether it be from death, injury, illness, or damage to or loss of personal property.

I (We) hereby grant permission to the S.O.S. Program, its agents and assigns, to use the above names child's photo or video, and likeness for the purpose of promotion by the S.O.S Program for all forms, media, and manners, for the following, but not limited to, news releases, photographs, video, audio, website, marketing, advertising, trade, promotion, exhibition for an indefinite period of time. I give unrestricted permission for images, videos, and recordings of the child to be used in print, video, digital, and internet media. I agree these images and/or voice recordings may be used for a variety of purposes and that these images may be used without further notifying me. I further acknowledge that I will not be compensated for these uses and the S.O.S. Program owns all rights to the images, videos, and recordings, and to any derivative works created from them. I waive any right to inspect the uses of any printed or electronic copy. I hereby release the S.O.S. Program and its agents and assigns from any claims that may arise from these uses, including without limitation claims of defamation or invasion of privacy, or infringement of moral rights or rights of publicity of copyright. This Release expresses the complete understanding of the parties.

Please inform the S.O.S. Program coordinator if any information on this form changes.

(Parent/Guardian Print Name) _____ (Parent/Guardian signature) _____ Date _____

Email Address _____ Cell Number _____ Work Number _____

Emergency Contact _____ Phone Number _____