**CHAMPS Permission Form and Record Release Authorization**

I give consent for my child to participate in the CHAMPS Mentoring program. This form allows my child’s records to be released from Perry County School District 32, St. Vincent de Paul, Lutheran Schools, or Altenburg Public School. These records include the teacher’s checklist, student’s grades, attendance, discipline/behavior/attitude reports, special services records and access to the student information through the Parent Portal. This also gives CHAMPS the right to notify teachers that my child is in the CHAMPS Mentoring program.

While in the CHAMPS Mentoring program, my child has permission to participate in all CHAMPS planned activities. The date and time of these activities varies and the method of transportation is carpooling and/or walking. The designated supervisors of these activities are the mentors and/or coordinators. As the parent or legal guardian, I remain fully responsible for any legal responsibility which may result from any personal actions taken by my child during CHAMPS activities. I also agree to hold the Perry County Community Task Force and its contracted personnel harmless from any and all loss, claims, expenses, actions, costs, damages and/or injuries arising from any and all acts of CHAMPS or its personnel. If I cannot be reached in the event of a medical emergency, I give consent for the supervisor(s) to obtain such medical care as is reasonably necessary for the welfare of my child.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attending: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of company providing medical insurance for this child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s medical insurance policy number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name & phone number of child’s physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Public relations are an important part of the CHAMPS Mentoring Program. Photographs are used in various print and electronic media to recognize members for their work and to let others know what is happening in CHAMPS. Should you prefer that your child not be photographed, we want to work with you to keep his or her photo from being taken. Because there are so many youth in CHAMPS, we cannot assure you that your child will not be photographed. We will ask CHAMPS’ photographers to honor an individual’s requests not to be photographed. Please visit with your children about your wishes and encourage them to let photographers know that they request not to be photographed. Should a photo of your child be made and used against your wishes, please let us know so that we will not use it again in the future.