

I give permission for my son/daughter: (name) \_\_\_\_\_  
to participate in Communities In Schools (CIS) in the \_\_\_\_\_ school district for the 2016-2017 school year.

**By signing this Parent Consent/Release of Information:**

1. I give permission for my child to participate in the program. The services may include but are not limited to supportive guidance/counseling, educational support, tutoring, mentoring, enrichment activities, testing, and referrals to other agencies as needed.
2. I give permission for my child to participate in field trips and other activities sponsored by CIS. Private transportation may be used in these and other activities.
3. I give permission for routine or emergency medical or dental treatment by any licensed medical doctor to be provided in the event of illness or accident if I am unable to be reached.
4. I acknowledge that this consent is voluntary and may be revoked at any time by informing CIS staff, in writing, except that prior consent will still apply to the extent that agencies have already taken action in reliance of it.
5. I acknowledge that the records and information released under this consent will be kept confidential to the extent permitted by law and used only for the purpose indicated.
6. I acknowledge that the release of records under this consent is subject to any limitations placed by federal and state law.
7. I understand that the data and information collected on my child is maintained in a secure computer database and a case file. This information is used by CIS to document services provided to students and families for tracking and reporting purposes. I also understand that CIS may use the information to update service information, provide closure and follow-up information, and evaluate and determine the effectiveness of the program. I authorize CIS to maintain the information provided for the purposes noted above in the CIS computer database and case file.
8. I acknowledge that this consent allows release of one year's data. Data from this year may be retained for up to five years and may be shared after that school year for evaluation purposes or to provide services that will help my child.
9. I acknowledge that the records released concerning the student may also contain references to other persons such as members of the student's family.
10. I acknowledge that I have the right to inspect and that I can obtain a copy of any record released by this consent upon request in writing to the releasing agency, subject to any applicable copying costs and legal limitations.
11. I acknowledge CIS can provide and obtain the following information from the school and the Texas Education Agency in order to provide services that will help my child and for evaluation purposes. Information collected from or provided to the school and the Texas Education Agency may include: grade reports, attendance records, state test scores, disciplinary referrals, free/reduced lunch status, health related information, and other: \_\_\_\_\_

In addition, CIS may provide and obtain the above information to the following local agencies:

- YES  NO \_\_\_\_\_, a local agency,  
 YES  NO \_\_\_\_\_, a local agency.

YES  NO **CIS may use photograph(s) or video footage of my child for program purposes.**

Is your family receiving Temporary Assistance for Needy Families (TANF)?  
 YES  NO

Is your child covered by health care insurance?  YES  NO

**My signature below authorizes CIS to provide the above types of information related to my student to the Texas Education Agency and the released agents (upon request) and also authorizes CIS to obtain such information from the school district.**

I release Communities In Schools and its employees, volunteers, or agents from liability for accidents, injuries, or illnesses that may occur to my child during his/her participation in the program. My child and I understand that we are voluntarily participating in the Communities In Schools program.

**Parent/Guardian Name (Please print):** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**County:** \_\_\_\_\_ **State:** Texas **Zip:** \_\_\_\_\_

**Telephone (Home)** \_\_\_\_\_ **(Work)** \_\_\_\_\_

**Emergency contact phone number:** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **(Signature must be in ink) Date:** \_\_\_\_\_

**CIS Staff Signature:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_

(Signature must be in ink)