

TODOS JUNTOS REGISTRATION

FOR AFTER SCHOOL PROGRAMMING AND CRMS SUPPORT



Student and Parent/Guardian Information:

Student Name:

Grade:

DOB:

Address

Parent/Guardian's Name:

Main Phone:

Alt. Phone:

Emergency Contact Name:

Emergency Contact Phone

Emergency Contact Relationship to Student:

Consent and Release:

As the Parent &/or Legal Guardian of the above-mentioned student, I authorize Todos Juntos to exchange information with employees and volunteers of Todos Juntos, school district personnel and partners designated below, about the above student to better provide coordination of services. I specifically authorize the release and exchange of the following confidential information: student name, grade level, achievement/assessment test scores, course grades and GPA, attendance data, and behavior/discipline data. Children may participate in After School Programs whether or not their parent/guardian agrees to the release of exchange of information between the school and other agencies.

Designated partners for Todos Juntos are: Oregon Trail School District. Clackamas County Children, Youth and Families Division (data only).

This permission is effective immediately unless cancelled in writing. My signature indicates that my consent is freely given.

Parent/Guardian Signature

Date



In case of emergency, I, the undersigned as parent/guardian of the above named student, understand that in event emergency medical treatment is required, every effort will be made to contact me &/or emergency contact. However, if we cannot be reached, I do hereby authorize employees or agents of Todos Juntos to consent to obtain emergency transportation, medical, surgical, or dental treatment and care that is deemed necessary, to be administered to my student in the event of an accident or sudden illness during after school activities. I hereby release and discharge Todos Juntos, your agents, employees, and representatives from any and all liability or claims for personal injuries. The Todos Juntos program does not provide medical insurance for any participant in any program offered.

By signing below, I authorize medical release as specified above; I hold harmless you, your agents, employees, and representatives against any claim (including but not limited to injuries and death) or liability; and give my student permission to participate in the specified Todos Juntos activities. This includes any and all trips included in the planned program.

Parent/Guardian Signature

Date

Walking Home:

My child has permission to walk home:

- Yes**
- No** (check one)

Off Campus Activities:

If a class goes off campus for activities, my student has permission to attend with supervision:

- Yes**
- No** (check one)

Child Pickup:

The following people have permission to pick up my child:

(Please list those who have permission to pick up your child.)

Permission to photograph:

If this activity is photographed or videotaped by Todos Juntos employees, partners, or school personnel I

_____ **give**
_____ **do not give** (Initial one),

permission for my child's picture or video to be used in brochures, bulletin board, or company &/or funder's website.

Behavioral Expectations:

Classes and activities offered through Todos Juntos are considered to be an extended day at school. Therefore, all school rules apply and consequences for inappropriate behavior will be the same as during school hours.

Parent/Guardian Signature

Date

Health Statement:

(to be completed by parent, guardian, or physician)

	Yes	No
Is the participant diabetic?		
Is the participant subject to Seizures of any kind?		
Does the participant have any allergies or dietary restrictions? If yes, please describe:		
Is the participant currently under any medical treatment? If yes, please describe:		
Does the participant have any history of respiratory illness? (describe)		
Is there ANY medical condition or malfunction now existing that may require treatment or affect participant's participation in this program?		
Has there been any recent surgical operations or accidents or been exposed to infectious disease within the last two weeks?		
List all medications, dosage, and frequency:		

Other concerns?

(To be filled out by Parent or Guardian)
