



# PARENT PERMISSION AND RELEASE AND STUDENT INFORMATION

OAKLAND UNIFIED SCHOOL DISTRICT

ASES/ELO-P/or 21st CENTURY ELEMENTARY & MIDDLE SCHOOL Expanded Learning PROGRAMS

I give my child permission to participate in the 2023 - 2024 \_\_\_\_\_ Expanded Learning Program.

Name of School: \_\_\_\_\_ Student ID# \_\_\_\_\_

Language spoken in the home \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name (Please print) \_\_\_\_\_ Signature \_\_\_\_\_ Today's Date \_\_\_\_\_

Student's Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

## STUDENT HEALTH FORM

Does your child have health coverage? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Medical Insurance \_\_\_\_\_ Policy/ Insurance # \_\_\_\_\_ Primary Insured's Name \_\_\_\_\_

Name of Child's Doctor \_\_\_\_\_ Telephone \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

In case of emergency, please contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: work/home/cell \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: work/home/cell \_\_\_\_\_ Email \_\_\_\_\_

## UNDUPLICATED STUDENTS

I disclosed that my child falls under one or more of the following unduplicated criteria. All information is confidential and will not be shared with outside agencies.

- Free or Reduced Price Meals (FRPM),
- Foster
- Migrant
- Unhoused
- English Language Learner



\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date

## HEALTH

Please check if your child has any of these Health Conditions and requires management after school:

HEALTH CONDITION	MEDICATION
<input type="checkbox"/> Severe Allergy to: _____	<input type="checkbox"/> Student has EpiPen® at school
<input type="checkbox"/> Asthma	<input type="checkbox"/> Student has inhaler at school
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Student has medication at school
<input type="checkbox"/> Seizures	<input type="checkbox"/> Student has medication at school
<input type="checkbox"/> Sickle Cell Anemia	<input type="checkbox"/> Student has medication at school
<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Student has medication at school
<input type="checkbox"/> Other conditions: _____	<input type="checkbox"/> Student has medication at school

Medical History that may be of importance \_\_\_\_\_

List any Allergies: \_\_\_\_\_

Medications needed during the school day: \_\_\_\_\_

Medications needed Expanded Learning hours: \_\_\_\_\_

Special Accommodations: \_\_\_\_\_

## SPECIAL INSTRUCTIONS

All students with asthma, diabetes and severe allergies should have emergency medication available to Expanded Learning Program staff in the event of an asthma attack, low blood sugar, or allergic reaction along with a medical management plan (Diabetes, Severe Allergy, or Asthma Action Plan) signed by you and your doctor. The Expanded Learning Program will need to have medication for your child that is separate from the medication you provide in the regular school day program.

See your School Nurse/Health Services for more information.



### AUTHORIZATION TO TREAT MINOR

I give permission for the Expanded Learning Program staff to administer medication that my child may require during the Expanded Learning Program.

I authorize Expanded Learning Program Staff to furnish and/or obtain emergency medical treatment which may be necessary for my child during the Expanded Learning Program.

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

Print Name: \_\_\_\_\_

Does your child have vision problems? \_\_\_\_\_

Have you ever been notified that your child has difficulty seeing? \_\_\_\_\_

Is your child supposed to wear glasses? \_\_\_\_\_

### RELEASE OF LIABILITY

I understand the nature of the Expanded Learning program and that participation is voluntary. I understand that the Oakland Unified School District is not responsible for loss, damage, illness, or injury to person or property as a result of participation in the Expanded Learning Program, including, but not limited to, participation in any physical activity or athletics affiliated with or organized by the Expanded Learning program. I hereby release and discharge the Oakland Unified School District and its officers, employees, agents, and volunteers from any and all claims for injury, illness, death, loss, or damage as a result of participation in the Expanded Learning Program, including but not limited to, participation in any physical activity or athletics affiliated with or organized by the Expanded Learning Program.



\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### EXPANDED LEARNING PROGRAM ATTENDANCE POLICIES

I understand that my child is expected to participate fully in the After-School Program:

- ❖ **Elementary and Middle** students can participate in the After-School program **every day until 6 pm, for a total of 15 hours per week.** Students are not required to attend Monday through Friday or participate until 6 pm.
- ❖ Enrollment Priority will be given to students categorized as Unduplicated Pupils (free or reduced-price meal (FRPM) eligibility, English learner (EL), and foster youth data from the California Longitudinal Pupil Achievement Data System (CALPADS)
- ❖ I understand that any changes to the pick-up and drop-off authorization form must be communicated to the afterschool provider in writing.

I understand that my child (in 2<sup>nd</sup> grade or higher) must sign into the program daily, and his/her parent/guardian or an authorized adult listed below must sign out the child from the program daily.



\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## STUDENT RELEASE/PICK-UP POLICY

As parent/guardian, I understand that the Expanded Learning Program will begin immediately when the school day ends and will end by **6:00 p.m.** Students will not be released to go home from the Expanded Learning Program until they are signed out by the parent/guardian or one of the individuals listed below unless the parent/guardian has completed and returned a Waiver of Pick Up Policy:



\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

When I am unable to pick my child up, I give Expanded Learning Program staff permission to release my child to:

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Phone Numbers: Home/Work/Cell

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Phone Numbers: Home/Work/Cell

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Phone Numbers: Home/Work/Cell

\_\_\_\_\_  
Name/Relationship

\_\_\_\_\_  
Phone Numbers: Home/Work/Cell

**REMEMBER:** Please pick up your child on time at the end of stated program closure. If students are not picked up by the end of the program, Expanded Learning Program staff may be required to contact Child Protective Services or law enforcement. **Please note: Three instances of tardiness in picking up your child can result in his/her dismissal from the program.**

## PERMISSION TO EVALUATE PROGRAMS AND TRACK STUDENT PROGRESS

For the 2023 - 2024 school year, I give consent to Oakland Unified School District to disclose to Expanded Learning Program Staff my child's confidential academic data (test scores, report cards, attendance, and other performance indices) and input my child's data into the database created for afterschool programs for the sole purpose of providing targeted support and academic instruction and assessing the academic effectiveness of the Expanded Learning Program. I also give permission for Expanded Learning Program staff to monitor my student's progress and to request my child to voluntarily participate in evaluation surveys for the purpose of determining program effectiveness. I understand that consent to disclose information and evaluate programs is not a requirement to participate in the Expanded Learning program and that I can withdraw this consent at any time by notifying the Expanded Learning Program and the OUSD Expanded Learning Programs office in writing.



\_\_\_\_\_  
Parent/Guardian/Caretaker Signature

\_\_\_\_\_  
Date

## PHOTO/VIDEO RELEASE

During your child's attendance in the Expanded Learning Program, s/he may participate in an activity that is being photographed or videotaped; these photographs/video recordings may be used for promotional purposes.

My child \_\_\_\_\_ may \_\_\_\_\_ may not be photographed/videotaped by the Expanded Learning program for promotional purposes.

I authorize the OUSD or any third party it has approved to photograph or videotape my child during Expanded Learning program activities and to edit or use any photographs or recordings at the sole discretion of OUSD. I

understand that my child and I shall have no legal right or interest arising from the recording, including economic interest. I also agree to release and hold harmless the OUSD and any third party it has approved from and against all claims, demands, damages, and liabilities arising from or using the recording.

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

### **SPECIAL NOTE REGARDING PROGRAM FEES**

Expanded Learning Programs may charge fees on a sliding scale to serve more students and provide more services. Programs that charge family fees will waive the cost of these fees for students who are eligible for free or reduced-priced meals. Programs cannot charge a fee if the child is a homeless youth, as defined by the federal McKinney-Vento Homeless Assistance Act (42 U.S.C. Sec.1143a), newcomers (refugee, asylee, and unaccompanied minor), or if the child is in foster care. **No eligible student will be denied enrollment due to a family's inability to pay program fees.**

### **EARLY RELEASE WAIVER (OPTIONAL)**

#### **ELEMENTARY AND MIDDLE SCHOOL STUDENTS**

Based on the OUSD Early Release Policy, families can request Early Release of their child from the Expanded Learning Program for any of the following reasons:

- Parallel Program
- Family Emergency
- Personal Family Circumstance
- Medical Appointment
- Transportation
- Community Safety
- Child accident
- Planned end of session
- Other conditions, as deemed appropriate

I request early release for \_\_\_\_\_ from the Expanded Learning Program at \_\_\_\_\_ o'clock p.m.  
(Please check the reason)

- I am concerned for my child's safety in returning home by him/herself after dark.
- I am unavailable to pick my child up after this time.
- Other: \_\_\_\_\_

I hereby release and discharge the Oakland Unified School District and its officers, employees, agents, and volunteers from all claims for injury, illness, death, loss, or damage arising from my child's early release from the Expanded Learning Program.

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

## **WAIVER OF PICK UP POLICY AND PERMISSION TO RELEASE WITHOUT SUPERVISION (OPTIONAL)**

### **FOR STUDENTS AGES 12 AND OLDER ONLY**

School Site: \_\_\_\_\_

Name of Program: \_\_\_\_\_ Name of Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth of Student: \_\_\_\_\_

If I arrive, later than the dismissal time or am unable to pick up my child at the end of the Expanded Learning Program:

I give the Expanded Learning Program staff permission to release my child from the Expanded Learning Program without supervision.

I hereby release and discharge the Oakland Unified School District and its officers, employees, agents, and volunteers from all claims for injury, illness, death, loss or damage arising from the release of my child without supervision if I arrive later than dismissal time or am unable to pick up my child at the end of the Expanded Learning Program day.



\_\_\_\_\_  
Parent/Guardian/Caretaker Signature

\_\_\_\_\_  
Date

## **Expanded Learning Programs, 2023 - 2024**

***Please return this form immediately to the Expanded Learning Program. Thank you!***