



2019 - 2020 PARENTAL CONSENT FORMS

I, _____, hereby give permission for my son / daughter / ward,
(parent/guardian)
_____, to participate in the Galaxy Explorers program.
(full name)

I understand that this project will take place during afterschool hours, school holidays, and weekends at Chabot Space & Science Center and various schools, community organizations and also will include science and technology related field trips. I understand that participation in this program is purely voluntary. I hereby give permission to Chabot Space & Science Center to display, license, sell, publish, etc. the images taken of me/my child at various dates for all purposes, including those of advertising.

I release the Chabot Space & Science Center from liability for property damage, theft or personal injury to my child/ward/self during or by reason of these activities. I authorize those in charge to furnish reasonable emergency treatment during this project for my child.

I request that my son/daughter _____ be allowed to attend any field trip sponsored by the Chabot Space and Science Center as part of the Galaxy Explorers' program between September 1, 2019 and August 31, 2020. I understand that the method of transportation for field trips will be chartered buses, Chabot van or private cars driven by the instructors.

In the event my son/daughter, a minor, becomes ill or sustains an injury while in the care or under supervision of the directors or instructors of the Chabot Space & Science Center, any of its professional staff is given permission to administer First Aid for his/her relief. If it is not practical to return him/her to us or to receive our instructions for his/her care, I, _____ parent/legal guardian, do hereby authorize Chabot Space & Science Center as agents 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 provisions of the Medicine Practice Act on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I understand that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. This authorization is given pursuant to Section 25.8 of the Civil Code of California and remains effective only for the events and dates listed above. Parents will be contacted immediately if possible, should any illness or accident occur to their son/daughter on field trips.

I will not hold liable the Chabot Space & Science Center or its directors, agents, professional staff or community partners for medical aid rendered and will reimburse the Chabot Space & Science Center or its directors, agents, professional staff or community partners for any medical or other expenses incurred in the care of my son/daughter.

Student Signature

Date

Parent/Guardian Signature

Date

TRANSPORTATION: What arrangements have you made for your child to get to and from the science center?
(Note: If you wish to change transportation arrangements within the year you must submit written notification.)

Parent/Guardian Participant will drive Assistance needed Carpool Public Transit

I am interested in learning more about financial assistance. Please send me information on the **Oakland Leadership program.**

EMERGENCY CONTACT INFO

1) Parent/Guardian Name & Relationship to Student (please print or type) _____ Signature of Parent/Guardian _____ Date _____

Email Address _____ Please include me when emailing program updates and new information

Parent/Guardian Phone _____
Emergency Phone 1 (Hm /Wk/Cell) _____ Emergency Phone 2 (Hm/Wk /Cell) _____

2) Parent/Guardian Name & Relationship to Student (please print or type) _____ Signature of Parent/Guardian _____ Date _____

Email Address _____ Please include me when emailing program updates and new information.

Parent/Guardian Phone _____
Emergency Phone 1 (Hm /Wk/Cell) _____ Emergency Phone 2 (Hm/Wk /Cell) _____

Person to Notify in case of emergency (if parent or guardian cannot be contacted)

Name/Relationship _____ Phone Number _____

MEDICAL INFORMATION

Family Doctor _____

Address _____ City _____

Doctor's Phone _____

Hospital _____

Group Health Insurance _____ Number _____

STUDENT'S GENERAL HEALTH INFORMATION

Special Needs/Conditions _____

Allergies: _____

Medications: _____

INTERNET/TECHNOLOGY POLICY

We are pleased to offer Galaxy Explorers access to the computers, cameras, internet and technology for educational purposes. Parents and students are advised that some material accessible via the Internet may

contain items that are illegal, defamatory, inaccurate, or potentially offensive to some people. The District cannot guarantee that filtering software will in all instances successfully block access to all inappropriate materials.

Access to technology is a privilege, not a right. Chabot’s electronic network is part of the curriculum and is not a public forum for general use. Please carefully read the attached Acceptable Use of Technology policy. Violations may result in disciplinary action. Violations can include:

- **Sending or displaying offensive pictures or graphics.**
- **Using obscene language.**
- **Harassing, insulting, threatening or abusing other users.**
- **Violating copyright laws.**
- **Damaging computers, personal or network files.**
- **Attempting to circumvent network security.**

Unless otherwise instructed by school personnel, students shall not disclose, use, or disseminate personal identification information about themselves or others when using email, chat rooms, or other forms of direct electronic communication. Students are also cautioned not to disclose such information by other means to individuals contacted through the Internet without the permission of their parents/guardians. Personal information includes the student's name, address, telephone number, Social Security number, or other individually identifiable information

By signing this agreement, I/we are signifying that I/we have read Chabot Space & Science Center’s Internet/Technology Policy and agree to abide by its terms. I/we understand that the computer network/computers are to be used solely for educational purposes and that there is no expectation of privacy with respect to the use of the same.

STUDENT CONSENT: I understand that my computer use, the use of other technologies while at CSSC, and any electronic communication and storage systems (including email and student folders, class/student websites) are not private and that CSSC has the right to monitor my activity.

I have read the Internet/Technology Policy and agree to abide by these rules. I understand that violation of the policy or regulations may result in disciplinary action, including loss of technology privileges, suspension or expulsion, or legal action.

Student Signature _____ **Date** _____

PARENT CONSENT: I have read CSSC’s Internet/Technology Policy and regulations. In consideration for the privilege of my child using the CSSC’s electronic communications system, and in consideration for having access to the public networks, I hereby release the Chabot Space & Science Center, its operators, employees, or agents and any institutions with which they are affiliated from any and all claims and damages arising from my child's use of, or inability to use, the system, including, without limitation, the types of damage identified in CSSC’s Internet/Technology Policy and administrative regulation.

Parent/Guardian Signature _____ **Date** _____

Economic and diversity information: (Optional)

To ensure equal opportunity for under-served students, we ask your voluntary cooperation to the questions below. This information has a direct correlation in regard to the funding/sustainability of this youth program.

Does your child qualify for free/reduced lunch programs? _____ YES NO
 Does your child attend a private school on scholarship or financial aid? _____ YES NO
 Does your child live in a single parent home? _____ YES NO
 Does your child have any disabilities or special needs? If so, specify _____ YES NO
 Does your child speak another language at home other than English? _____ YES NO

I am interested in learning more about financial assistance. Please send me information on the **Oakland Leadership program.**

What ethnicity or culture do you consider your son/daughter? (Optional)

Black/African American Caucasian/White Native American Hispanic
 Asian or Pacific Islander, _____
 Other Race _____
 Multi-racial, preference _____

What is the highest level of education completed by the parents/guardians of the applicant? (Optional)

Parent/Guardian 1: GED High School Vocational Undergraduate Masters PhD

Parent/Guardian 2: GED High School Vocational Undergraduate Masters PhD

Please circle the income bracket that best represents the household of the participant: (Optional)

Under \$60,000	\$60,001 - \$85,000	\$85,001 - \$110,000	Over \$110,000
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