

**Parent/Student Agreement**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission for my child,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in the after school event hosted by the iJAG program from (\_Enter School Name Here) on (Enter Date of Event here). I understand that while participating in this event, my child is required to follow the school code of conduct and will be held liable for any behavior code violations by (ENTER SCHOOL DISTRICT HERE).

\*Students will be supervised by an adult at all times\*

\* Students are responsible for all missed work\*

Signature of Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_

**In case of an emergency, I give permission for my child to receive medical treatment. In such case of an emergency please contact:**

Emergency Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you have any questions, please contact (Specialist Name) at (Phone Number) or email me at (email).