



“Where young scholars shape their destiny”

PARENT CONSENT TO PARTICIPATE IN EVALUATIONS OF THE OUT-OF-SCHOOL TIME PROGRAMS
(SUMMER PROGRAM)

Dear Parent/Guardian:

Your child _____, is enrolled in the Liberty Partnerships Program (LPP) summer program. To monitor the effectiveness of the program and ensure its future success LPP and Long Island University will conduct ongoing evaluations. The information collected will help LPP learn about participant’s experiences in the program, how the program helps participants, and how the program can be improved.

Specifically, we ask permission for LPP and Long Island University Brooklyn to:

- Survey and/or interview students and parents about the program and its effects.
- Talk to teachers and staff about student progress and participation in the program and review program participation records.
- Contact student’s school to obtain records on their progress, including information about enrollment, grades, citywide and statewide test scores, and attendance.

Any information we collect will be used only to assess the program and will not be made public. Participating in the evaluations will not affect the student in school.

We will not use your name or the student’s name in any report. At the end of the evaluations, we will destroy all records that include personal information. Participation in evaluations is completely voluntary and students may withdraw at any time with no consequences.



“Where young scholars shape their destiny”

Please select one of the options below and return this form to the program coordinator or director.

_____ YES, I GIVE PERMISSION FOR MY CHILD TO PARTICIPATE. I have read the above information and I give permission for my child to participate in evaluations of the program.

Parent or Guardian (Please Print)

Parent or Guardian Signature

Date

_____ NO, I DO NOT WANT MY CHILD TO PARTICIPATE. I have read the above information and I DO NOT give permission for my child to participate in evaluations of the program.

Parent or Guardian (Please Print)

Parent or Guardian Signature

Date



“Where young scholars shape their destiny”

LIBERTY PARTNERSHIPS PROGRAM ENROLLMENT CONSENT FORM

I, _____, give my son/daughter
_____ permission to attend Long Island University
Brooklyn Liberty Partnerships Program Summer Program which begins Tuesday, July 8,
2014 and ends Thursday, August 21, 2014.

It is my understanding that students attending the program will be under adult supervision
at all times.

I also understand that I must provide Long Island University’s Liberty Partnerships
Program with the student information, emergency contact numbers where I can be
reached during the day, and I have provided that information below.



“Where young scholars shape their destiny”

Student Information:

Last Name: _____

First Name: _____

Name of High School: _____

Student Grade: _____

Student Race: _____

Student Cell Phone Number: _____

Student Email: _____

Student Number (NYSIS or OSIS): _____

Male/ Female

Date of Birth:

--	--	--	--	--	--

Address: _____



“Where young scholars shape their destiny”

Parent Information *(please provide contact information where you can be reach in a time of an emergency)*

Phone (Home): _____

Phone (Work): _____

E-mail: _____

Emergency Contact Information:

Name: _____

Phone: _____

Parent or Guardian (Please Print)

Parent or Guardian Signature

Date



“Where young scholars shape their destiny”

LIBERTY PARTNERSHIPS PROGRAM

EMERGENCY MEDICAL CARE

The student’s parent or guardian must complete this form.

Name of Student: _____

Date of Birth: _____

1. If my child requires emergency medical care and I cannot be reached, I give consent to the above summer program to obtain the necessary medical care for my child. I agree to pay all of the costs associated with the medical care that my child receives. I understand that every effort will be made to contact me before and after medical care is provided.

2. Following emergency medical care, my child may be released to the following people:

Name: _____ Relationship: _____
Address: _____ Employer: _____
Phone: _____

Name: _____ Relationship: _____
Address: _____ Employer: _____
Phone: _____

3. Health/Insurance Information:

Student’s Doctor: _____
Address: _____
Phone: _____
Allergies: _____
Last Tetanus: _____
Insurance Company: _____
Policy Holder’s ID: _____
Religious Preference Optional: _____
Medication(s) Being Taken: _____



“Where young scholars shape their destiny”

Additional Comments: _____

4. **I understand that this consent will be in effect as of the date of my signing this form and will continue as long as my child is enrolled in the day-school program.**

Parent or Guardian (Please Print)

Parent of Guardian Signature



“Where young scholars shape their destiny”

CONSENT FOR USE OF PHOTOGRAPH AND AUDIO/VIDEO RECORDINGS

I hereby authorize Long Island University Brooklyn (LIU or University) and those acting pursuant to its authority to:

- a) Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium.
- b) Use my name in connection with these recordings.
- c) Use, reproduce, exhibit, or distribute in any medium (e.g. print publications, video tapes, CD-ROM, Internet/WWW) these recordings for any purpose that the University, and those acting pursuant to its authority, deem appropriate, including promotional or advertising efforts.

I release the University and those acting pursuant to its authority from liability for any violation of any personal proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University. I have read and fully understand the terms of release. Inclusive dates for this consent: July 8, 2014 to August 21, 2014.

_____ I am more than 18 years of age.

Name of Student (Please Print)

Name of Student Signature

_____ Parent or Guardian (if student is younger than 18)

Name of Parent or Guardian (Please Print)

Name of Parent or Guardian Signature

Date



“Where young scholars shape their destiny”

REQUIRE DOCUMENT FOR THIS APPLICATION

- ❖ A copy of the student’s transcript.