

**JACKSON CITY SCHOOL FAMILY RESOURCE
AND YOUTH SERVICES CENTER SY 2016-2017**

STUDENT'S NAME: _____ DOB: _____

ADDRESS: _____

SCHOOL: _____ GRADE _____ TEACHER: _____

PERMISSION FOR SERVICES/ACTIVITIES & ACTIVE CONSENT

I, as parent /guardian give permission to the other agencies participating in the Jackson City School Family Resource and Youth Services Center to provide services and/or activities to my child/student.

We are required to provide the state department with assessment data for our county each school year. This assessment data is reported anonymously and used for various projects including statistics, grants, reports, etc. We will administer different assessments and surveys throughout the school year. Please remember that all of the assessments and surveys are anonymous, which means your student's name will not go on any of the surveys or assessments. These surveys and assessments will include, but are not limited to:

- | | |
|---|--|
| <input type="checkbox"/> Safe and Drug Free Schools (K-12 th) | <input type="checkbox"/> Emergency Clothing/hygiene items |
| <input type="checkbox"/> KIP Survey (grades 6 th , 8 th , 10 th , & 12 th) | <input type="checkbox"/> UNITE |
| <input type="checkbox"/> Reality Store | <input type="checkbox"/> Community Service Projects |
| <input type="checkbox"/> YMCA Surveys | <input type="checkbox"/> Suicide Prevention |
| <input type="checkbox"/> Theatre Performances | <input type="checkbox"/> Red Ribbon Week |
| <input type="checkbox"/> Drug Prevention Programs | <input type="checkbox"/> Student Survey |
| <input type="checkbox"/> Foundation for a Healthy KY Surveys | <input type="checkbox"/> Newspapers/Photo Release |
| <input type="checkbox"/> 4H Programs | <input type="checkbox"/> May participate in all Activities |

It is my understanding that when my child is participating in activities of the center, he/she is responsible for his/her behavior and is expected to act in a reasonable manner. I am also aware that any emergency that occurs during this time will be handled in a similar way as during school hours. I will not hold the center, school, or other participating organization or agency liable in case of illness, accident, and injury or for medical and/or surgical treatment in an emergency situation.

The purpose of the Jackson City School Family Resource and Youth Services Center has been explained to me as it relates to the needed services for my child. I understand that all records and information regarding services to my child will be protected by confidentiality regulations governing the release of such information by the center staff to other agencies in order to facilitate services for my child.

(Parent/Guardian Active Consent)_____
Date*If you need more information, contact:***Amberly Sewell, FRYSC JCS Coordinator****Jackson City School Family Resource & Youth Services Center**

940 Highland Ave

Jackson, Kentucky 41339

Phone: 606-666-5089**Email:** amber.sewell@jacksonind.kyschools.us**RESET FORM****EMAIL****SAVE****PRINT**