

iC.A.R.E. Mentoring Participation Permission Slip

Name of iC.A.R.E. Program Participant: _____

Birthday of iC.A.R.E. Program Participant: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____ Parent Phone: _____

Parent/Guardian Address: _____

Emergency Contact: _____

Relation to student: _____

Emergency Contact email: _____ Emergency Contact Phone: _____

Please Note:

iC.A.R.E. Mentoring does not have or provide medical or accident insurance for persons involved in mentoring groups.

Permission to Participate:

I give permission to the iC.A.R.E. Mentoring program staff to access student-level data (student school schedule, parent/guardian contact information, daily attendance) for the purpose of participating in iC.A.R.E. Mentoring activities and coordinating weekly one-to-one mentoring services for the participating student while at school. I understand that iC.A.R.E. Mentoring program staff may contact me to verify contact information for program participation.

By signing below, I _____, as the legal guardian, give
(parent/guardian name)

_____, permission to participate in iC.A.R.E. Mentoring.
(participant name)

Signature _____ Date _____

Medical Release Permission

Participant Name _____ Date of Birth _____

I give permission for my son/daughter to participate in iC.A.R.E. Mentoring activities. In case of an emergency, I understand that iC.A.R.E. Mentoring leaders will make every effort to contact me. If I cannot be reached, I hereby authorize iC.A.R.E. Mentoring to secure proper medical attention, including hospitalization, and ambulance transportation, if needed. I understand that iC.A.R.E. Mentoring is not liable for any medical expenses that may be incurred, and that I am responsible for these costs in entirety.

I understand that iC.A.R.E. Mentoring will not administer medication to my son/daughter. It is my son's/daughter's responsibility to take medication that may be prescribed to him/her. I also understand and will communicate to my son/daughter his/her responsibility to carry any medication on field trips or excursions.

Parent/Guardian Signature _____ Date _____



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TO LIVE UNITED**



United Way of Summit County

iC.A.R.E. Mentoring | 77 W. Thornton St., Suite 103, Akron, OH 44311
United Way of Summit County | 90 North Prospect Street, Akron, OH 44304

Field Trip Permission

Participant Name: _____

iC.A.R.E. Mentoring intends to provide its members with opportunities away from the facility. On field trips, members are transported in rented vehicles, school buses or public transportation. On some occasions they may walk. If you sign in the space below, your son/daughter will be allowed to participate in these field trips during normal program hours, and you are also giving permission for your son/daughter to ride in vehicles used by iC.A.R.E. Mentoring. Program staff will inform you about the destination, departure time and arrival times, as well as special instructions to prepare for the field trip. iC.A.R.E Mentoring nor any of its affiliated individuals and organizations are not responsible for any injury sustained by a program participant on field trips.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Participant Name and Parent Contact Information

Participant Name: _____

iC.A.R.E. Mentoring is supported by a collaboration of business, community, education and faith-based organizations. iC.A.R.E. Mentoring would like to track the school participants in the program in order to reach out to them directly with opportunities that are a part of the collaborations programming and mission. Participation in any such program is entirely voluntary. (Note that this does not include any of the volunteer mentors, all of whom are prohibited from having contact with a mentee outside of the formal iC.A.R.E. school year program.)

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____

Media Consent Form

Participant Name _____

School _____

Grade _____

I hereby consent to the publication and other use of the following: my child's likeness, name, writing, photographs, video, art, quotes, work samples, honor awards, etc., without limit, reservation or remuneration by the media, United Way of Summit County and/or student's school district – as approved by the School Board of Education.

Parent/Guardian Signature _____ Date _____



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