



Parental Consent Form for Urban Tech Participants

Personal Information

Student Full Name:

Last *First* *M.I.*

Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Home Phone: _____ Birth Date: _____

Student Email _____

CPS ID: _____ School Name: _____

Parent Name: _____

Parent's Email: _____ Parent's Phone: _____

Photo Release/ Field Trip Permission

The above named participant will be invited to attend Field trips to various corporate partners and employers throughout the course of this program. On each occasion you will receive specific information as to the exact location, duration, and transportation method. The **Imagine Englewood If** and **Urban Tech Academy** will also from time to time capture photo and video footage to be used for educational and promotional purposes. Please Check each box and sign below to provide your consent.

- By checking this box I agree that the above named participant has permission to participate in and travel to and from field trip opportunities provided by and affiliated with Urban Tech at Imagine Englewood If.
- By checking this box I agree that photo/video footage of the above named participant may be used for educational and promotional purposes

Transportation Method: Please indicate how the above named participant has permission to travel to and from the primary program location. Check all that apply.

- Participant will be picked up and dropped off by parent or other
- Participant has permission to walk/ride CTA alone back and forth to program
- Participant has permission to drive and/or ride with another student participant

Signature of Parent/ Guardian: _____ Date: _____

Emergency Contact Information

Contact #1

Full Name:

Last *First* *M.I.*

Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Full Name:

Last *First* *M.I.*

Address:

Street Address *Apartment/Unit #*

City *State* *ZIP Code*

Primary Phone: _____ Alternate Phone: _____

Relationship: _____

Emergency Medical Information

- I authorize the [Imagine Englewood If/ Urban Tech Academy](#) to procure emergency medical treatment for the above named participant on my behalf in the event of a perceived emergency as they may deem advisable. I understand that they will attempt to contact me and above emergency contacts if such treatment is needed.

Primary Care Provider: _____

Insurance Provider: _____ Policy Number: _____

Allergies/Medications: _____

Other Medical History: _____

Parent/Guardian Signature: _____ Date: _____