



# STEMworks AFTERSchool 2017-2018

Presented by Maui Economic Development Board, Inc., Women in Technology Project

## INFORMATION WAIVER AND RELEASE STUDENT FORM

Complete and Return to Enroll in Program, Fax to 808-879-0011 or mail to: MEDB, Attn: Melinda, 1305 N. Holopono St, Suite 1, Kihei, HI 96753 or email: stemworksafterschool@medb.org

In partnership with 21<sup>st</sup> Century Community Learning Centers, I do hereby grant permission to Maui Economic Development Board, Inc. (MEDB), its agents, and others working under its authority, full and free use of: video/photo-graphs containing my child's image/likeness and my child's STEMworks AFTERSchool work/projects. I understand these images/projects may be used for promotional, news, research and/or educational purposes.

Parent/Guardian Initials: \_\_\_\_\_

In partnership with 21<sup>st</sup> Century Community Learning Centers for the STEMworks AFTERSchool Program, I do hereby grant permission to Maui Economic Development Board, Inc. (MEDB), its agents, and others working under its authority, use of my child's information below:

### STUDENT INFORMATION

Legal Name (first, middle, last) \_\_\_\_\_  
(Legal name as stated on valid ID like student ID, State ID, etc.)

Name you preferred to be called: \_\_\_\_\_ School Grade \_\_\_\_\_

School \_\_\_\_\_

Student Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Parent/Guardian E-mail \_\_\_\_\_

### AUTHORIZATION FOR MEDICAL OR DENTAL TREATMENT

In the case of illness or injury to my child, I hereby consent to and authorize such medical or dental treatment as deemed necessary, and agree to pay for **such medical and dental costs if incurred.**

My child has medical coverage:  No  Yes; check appropriate box(es):  HMSA  Kaiser  
 Military  Other (specify) \_\_\_\_\_

Emergency Contact 1 Name: \_\_\_\_\_

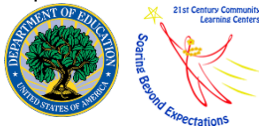
Ph. #s \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact 2 Name: \_\_\_\_\_

Ph. #s \_\_\_\_\_ Relationship: \_\_\_\_\_

List any health conditions and specify any special medical or other such instructions you would want considered:

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I understand the data will be used for only research and/or educational purposes related to the 21<sup>st</sup> Century Community Learning Centers grant, which includes educational effectiveness and needs for improvement.

Parent/Guardian Initials: \_\_\_\_\_

Student 10-digit School ID \_\_\_\_\_

**ETHNICITY: Circle that ALL apply**

- 1=American Indian/Alaska Native
- 2=Asian
- 3=Black or African American
- 4=Hispanic or Latino
- 5=Native Hawaiian or Pacific Islander
- 6=White
- X=Don't Know

**STUDENT GENDER Circle one**

- 1=Male
- 2=Female
- X=If I don't know

**LIMITED ENGLISH PROFICIENCY/ENGLISH LEARNER**

Circle one

- 1=Yes
- 2=No
- X=If I don't know

**ELIGIBLE FOR FREE/REDUCED LUNCH Circle one**

- 1=Yes
- 2=No
- X=If I don't know

**SPECIAL NEEDS OR DISABILITIES Circle one**

- 1=Yes
- 2=No
- X=If I don't know

**OTHER STUDENT DATA**

- Attendance in the program
- Course marks/grades
- HSA scores
- Smarter Balanced Assessment scores.

In partnership with 21<sup>st</sup> Century Community Learning Centers for the STEMworks AFTERSchool Program, I do hereby grant permission to Maui Economic Development Board, Inc. (MEDB), its agents, and others working under its authority, use of survey results from my child and I. I understand the data will be used for only research and/or educational purposes related to the 21<sup>st</sup> Century Community Learning Centers grant, which includes educational effectiveness and needs for improvement.

Parent/Guardian Initials: \_\_\_\_\_

I hereby release, discharge, and hold harmless MEDB and its agents from any and all claims, demands, or causes of action that I may hereafter have by reason of anything contained in the photographs, video, or documentation.

Parent/Guardian Initials: \_\_\_\_\_

I, \_\_\_\_\_ (child's parent/guardian) further certify that I possess full legal guardianship to execute the foregoing authorization and release for \_\_\_\_\_ (child's first and last name).

As parent or guardian of (name of minor child) \_\_\_\_\_ I agree to the terms of this "Information Waiver and Release Student Form" in respect to my child.

Parent's or Guardian's Name (please print) \_\_\_\_\_

Parent's or Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

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