

GALAXY SUMMIT 2024

Caregiver Consent Form

Student Name: _____

Grade: _____

Student ID: _____

School: _____

Consent from a parent or caregiver is required for students to participate in the Galaxy Summit.

Permission slips are due February 16th.

1. Does your student have any medical needs or accommodations that CPS should know about?

Yes

No

If yes, please explain: _____

2. Does your child have any dietary restrictions?

Yes

No

If yes, please explain or check additional boxes below: _____

Vegetarian

Halal

Nut Free

Vegan

Gluten Free

Other:

Kosher

Lactose-Free

3. Terms of Student Participation

- I understand and acknowledge that the Galaxy Summit will follow all CPS health and safety protocols. Furthermore, I acknowledge that up-to-date vaccination against COVID-19 is highly encouraged and masks are also highly encouraged.

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4. Terms of Student Transportation

- I authorize my student to utilize the following District-provided forms of transportation
 - Bus Transportation
 - Ventra Card (for CTA transportation)

- If not utilizing one of the CPS buses, I understand and acknowledge that the student and their parent/guardian are responsible for their own transportation to and from the Galaxy Summit.
 - Please indicate how your student will arrive/depart from the Summit_____

5. Media Consent

I hereby consent to have my child photographed, digitally recorded, videotaped, audiotaped, and/or interviewed by the Board of Education of the City of Chicago (the "Board") or the news media while at the Galaxy Summit 2024 event. . Further, I consent for these photos, digital recordings, videotapes, audio tapes, and/or interviews to be shared with third parties who have received written approval from the Office of Communications. In the course of the above-described activities, I understand that the Board might like to celebrate my child's accomplishments and work. Therefore, I further consent for the Board's release of information on my child's name, academic/non-academic awards, and information concerning my child's participation in the Galaxy Summit 2024 event.

I also consent to the Board's use of my child's name, photograph or likeness, voice, or creative work(s) on the Internet or a CD or any other electronic/digital media or print media.

As the child's parent or legal guardian, I agree to release and hold harmless the Board, its members, trustees, agents, officers, contractors, volunteers, and employees from and against any and all claims, demands, actions, complaints, suits or other forms of liability that shall arise out of or by reason of, or be caused by the use of my child's name, photograph or likeness, voice or creative work(s), on television, radio or motion pictures, or on the Internet, or on a CD, or any other electronic/digital media or print media.

It is further understood and I do agree that no monies or other consideration in any form, including reimbursement for any expenses incurred by me or my child, will become due to me, my child, our heirs, agents, or assigns at any time because of my child's participation in any of the above activities or the above-described use of my child's name, photograph or likeness, voice or creative work(s).

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I understand that I may cancel this consent by sending an email to galaxysummit@cps.edu. I also understand that my consent to have my child photographed, digitally recorded, video taped, audiotaped, and/or interviewed by the Board or the news media when school is in session or when my child is under the supervision of the Board is valid for one school year, including the following summer.

By signing below, I express my understanding that the media created during this event may portray my child's involvement in the intersection between education, activism, and social justice in Chicago. The media will show the students learning about disability justice, student activism, and LGBTQ+ history.

Instructions: Check one of the boxes below.

- I consent as outlined in the above consent/release section.
- I DO NOT consent as outlined in the above consent/release section.

6. Emergency Contact Information

Emergency Contact Name: _____

Relationship to Student: _____

Emergency Contact Phone Number: _____

In addition to my responses to the first seven sections, I understand the purpose of this program and grant permission for my child to participate in the Galaxy Summit on March 2nd, 2024. I understand that I may revoke consent at any time.

Parent or Caregiver Name: _____

Cell Phone Number: _____

Alternative Phone Number: _____

Parent or Caregiver Signature: _____