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
   - [ ] Vegan
   - [ ] Kosher
   - [ ] Halal
   - [ ] Gluten Free
   - [ ] Lactose-Free
   - [ ] Nut Free
   - [ ] Other: __________

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.
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).
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: ________________________________