

# LAUNCH+ PERMISSION FORM – STEM LAUNCH K-8

ALL AREAS MUST BE FILLED IN. IF NOT APPLICABLE, WRITE N/A.

<b>STUDENT INFORMATION</b>	
Name:	Birthdate: _____ Grade: _____ (Circle) M/F          Teacher (1 <sup>st</sup> hour):
Address:	City, Zip Code:
<b>PARENT/GUARDIAN INFORMATION</b>	
Name:	Name:
Relationship to Student:	Relationship to Student:
Address:	Address:
City, Zip Code:	City, Zip Code:
Home Phone:	Home Phone:
Employer:	Employer:
Address:	Address:
City, Zip Code:	City, Zip Code:
Work Phone:	Work Phone:
Cell Phone:	Cell Phone:
Email:	Email:
<b>Emergency Contact Information (Persons other than parent, to be notified in an emergency):</b>	
Name:	Name:
Relationship to Student:	Relationship to Student:
Address:	Address:
City, Zip Code:	City, Zip Code:
Phone:	Phone:
Alternative Phone:	Alternative Phone:
<b>Pick Up Authorization (Names of persons, other than parent, to whom student may be released):</b>	
Name:	Name:
Relationship to Student:	Relationship to Student:
Phone:	Phone:
<b>Prohibited Authorization (Names of persons, NOT authorized to pick up the student):</b>	
Name:	Name:
Relationship to Student:	Relationship to Student:
Phone:	Phone:

**PLEASE INITIAL AND SIGN BELOW.**

\_\_\_\_\_ I AUTHORIZE MY CHILD TO SIGN UP AND ATTEND **LAUNCH+** ON **ANY** TUESDAY OR THURSDAY FROM 5:00 – 7:00 DURING THE 2015-2016 SCHOOL YEAR. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO KNOW THE SPECIFIC DATES FOR WHICH MY CHILD HAS REGISTERED AND WILL ATTEND.

\_\_\_\_\_ I HAVE READ THE **LAUNCH+ HANDBOOK** AND AGREE TO SUPPORT THE PROGRAM GUIDELINES AND EXPECTATIONS FOR ALL STUDENTS. I HAVE ALSO REVIEWED THIS INFORMATION WITH MY CHILD/REN.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## CONSENT FOR EMERGENCY MEDICAL CARE AND SHARING OF INFORMATION

I, the undersigned, a parent or guardian of the above named student herein authorizes all adult sponsors, or any responsible adult person bearing this written authorization into whose care the above mentioned minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical diagnosis or treatment and hospital care. Such care is to be rendered to said minor under the general or special supervision and upon the advice of a physician, dentist, and/or surgeon licensed to practice in the State Of Colorado and to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care. In addition, I authorize all school and District staff to exchange relevant information about my student. It is understood that this authorization is given for all program-sponsored activities. Every effort will be taken to locate a parent/guardian before any action is taken. All medical expenses will be accepted by the parent/guardian. Launch+ is absolved of any or all liability for accidents or injuries received during any or all program-sponsored activities.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Grade

**I understand and agree to adhere to the "Code of Conduct Agreement."**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### ADULT AND STUDENT CODE OF CONDUCT AGREEMENT

Every person that enters STEM Launch is a potential role model for the students present. As role models we are ALL expected to portray citizenship, kindness/respect for all, positive communication, problem solving behaviors, and appropriate regard of school property.

Per State law, smoking, drug and/or alcohol use are never permitted. If suspected abuse occurs, the person(s) involved will be subject to removal from district grounds.

All district and Superintendent policies apply to Launch+.

While every effort will be made to resolve a conflict, we reserve the right to immediately terminate care should a parent/guardian or custodial dispute affect the program, personnel, or students in a threatening manner. Please refer to the Discipline Procedures and policies within district and school handbooks.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### **Late Pick up Agreement**

Launch+ ends at 7:00 p.m. We encourage parents or guardians to try to contact family members or neighbors on the authorized pick up list if they know they will be late picking their child up. If students are not picked up on time, students will lose the opportunity to attend future sessions.

**I understand and agree to adhere to the "Late Pick up Agreement" for STEM Launch's Launch+ program.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date