C4I Veteran Services Corp · 501(c)(3) · EIN 42-4128695
112 Broadway St, Durham, NC 27701 · (844) 814-0281
dn22@c4iveteranservices.org · c4iveteranservices.org

YOUTHTECH 5.0 PARENT/GUARDIAN CONSENT FORM

Required for every participant under 18 before the first session. Please print clearly. Return to C4I staff or email a signed copy to dn22@c4iveteranservices.org.

1. PARTICIPANT

PARTICIPANT FULL NAME _____ DATE OF BIRTH _____ AGE _____

HOME ADDRESS _____ CITY _____ ZIP _____

SCHOOL (IF ENROLLED) _____ GRADE _____ PARTICIPANT PHONE (OPTIONAL) _____

2. PARENT OR GUARDIAN

PARENT/GUARDIAN NAME _____ RELATIONSHIP TO PARTICIPANT _____

CELL PHONE _____ OTHER PHONE _____ EMAIL _____

ADDRESS (IF DIFFERENT FROM PARTICIPANT) _____

3. EMERGENCY CONTACTS (OTHER THAN PARENT/GUARDIAN)

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

4. PICKUP AUTHORIZATION

My child may be released only to me or to the adults listed below. C4I may ask for photo ID.

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

☐ My child may sign themselves out and leave on their own at the end of each session.

☐ My child may NOT leave on their own. An authorized adult must sign them out.

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5. HEALTH INFORMATION

This information is kept confidential and shared only with program staff who need it for safety.

ALLERGIES (FOOD, MEDICATION, OTHER)

MEDICAL CONDITIONS, MEDICATIONS OR ACCOMMODATIONS STAFF SHOULD KNOW ABOUT

HEALTH INSURANCE PROVIDER (OPTIONAL)

POLICY NUMBER (OPTIONAL)

6. EMERGENCY MEDICAL AUTHORIZATION

If I cannot be reached in an emergency, I authorize C4I staff to call 911 and to seek emergency medical treatment for my child. I understand C4I staff do not provide medical care beyond basic first aid, and that I am responsible for the cost of any treatment.

7. PHOTOS AND VIDEO (CHOOSE ONE)

☐ C4I may photograph or record my child during program activities and use those images on its website, social media and printed materials. C4I will not publish my child's full name without separate permission.

☐ C4I may NOT use photos or video of my child.

8. COMMUNICATION

C4I adults communicate with participants under 18 only through group messages or email that include a parent or a second adult. Adults will not send private messages or connect with minors on personal social media.

PARENT EMAIL OR PHONE TO INCLUDE ON PROGRAM MESSAGES

9. EQUIPMENT

Equipment issued to my child remains subject to C4I's equipment agreement. My child will use it for learning and will return it if asked.

10. TRIPS AND TRANSPORTATION

Field trips, site visits or any transportation by C4I require a separate signed permission form for each activity.

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11. ACKNOWLEDGMENT AND SIGNATURE

I have read the C4I Youth Protection Policy at c4iveteranservices.org/youth-protection. I understand that every C4I adult who works with participants under 18 is screened, trained, and passes a criminal background check completed by Checkr, Inc. I give permission for my child to take part in YouthTech 5.0 and understand that participation is voluntary and that I may withdraw my child at any time. I understand that C4I staff and volunteers are required by North Carolina law to report suspected abuse or neglect. The information on this form is true and complete.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

PRINTED NAME _____

Participant acknowledgment: I agree to follow the YouthTech 5.0 rules and to tell a parent or C4I leader if anyone makes me feel unsafe.

PARTICIPANT SIGNATURE _____ DATE _____

For office use: Received by _____ Date _____ Entered in records ☐

If a child is in immediate danger, call 911. To report suspected abuse or neglect in Durham County: (919) 560-8424, or (919) 560-4600 after hours.