



Media Consent Form and Release

Consent/Release

I hereby consent to have my child photographed, digitally recorded, video taped, audio taped and/or interviewed by the Board of Education of the City of Chicago (the "Board") or the news media when school is in session or when my child is under the supervision of the Board. Further, I consent for these photos, digital recordings, video tapes, audio tapes and/or interviews to be shared with third parties who have received written approval from the Office of Communications. I understand in the course of the above described activities 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 school-sponsored activities, organizations and athletics.

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 on 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 providing written notice to the principal. I also understand that my consent to have my child photographed, digitally recorded, video taped, audio taped 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.

Instructions: Check Box #1 or Box #2

- 1. [ ] I consent as outlined in the above consent/release section.
2. [ ] I DO NOT consent as outlined in the above consent/release section.

Signature of Parent/Guardian/Student if age 18 or older

Printed Name of Parent/Guardian/Student if age 18 or older

Student's Name

Student ID #

Date

School

I understand that I have the right to inspect and copy my student's records, challenge the contents of such records; and limit my consent to the designated records or designated portions of information within the records.



## Student Medical Information 2019 – 2020

This form must be updated and returned to school each school year.

Please let your school know about your child’s health and health care. This is a good way to keep your child safe. The information is **CONFIDENTIAL** and will be shared only with CPS staff who need to know (Nurse, Principal, Designee, or Clerk).

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Student ID Number \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**1. Please indicate your child’s health status below**

- My child has no known health conditions
- My Child has a known condition(s). Please check all that apply:
- Allergies (food or other) – please specify: \_\_\_\_\_
- Asthma Year Diagnosed \_\_\_\_\_
- Diabetes – please circle one:    Type 1            Type 2            Year Diagnosed \_\_\_\_\_
- Seizures/Epilepsy Year Diagnosed \_\_\_\_\_
- Sickle Cell Disease Year Diagnosed \_\_\_\_\_
- Other: \_\_\_\_\_ Year Diagnosed \_\_\_\_\_

<b>2. My child has a primary doctor.</b>	YES	NO
--	-----	----

*If yes, please provide the healthcare provider’s name and phone number:*

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

I give permission for my child’s school nurse or designee to talk to the doctor about my child’s health.

<b>3. My child is covered by health insurance.</b>	YES	NO
--	-----	----

**If your child needs health insurance call Healthy CPS 773-553-KIDS (5437)**

This Form is **NOT** the same as a “**Plan of Care**” (detailed medical care instructions to keep your child safe). If your child has a health condition that may require action at school, please provide school with documentation from your physician and schedule an appointment with your school nurse. Complete a “Medical Plan of Care Form” at: [www.cps.edu/oshw](http://www.cps.edu/oshw) (or get it from the school nurse), and return it to school. **If your child has a health condition, please schedule an appointment with the school nurse.**

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**PLEASE RETURN THE FORM TO THE SCHOOL NURSE  
IF THE STUDENT HAS A HEALTH CONDITION PARENTS MUST  
SCHEDULE A MEETING WITH THE SCHOOL NURSE**

**Nurses Use Only**  
Reviewed by:  
Date and Initial



**H  
O  
M  
E  
  
L  
A  
N  
G  
U  
A  
G  
E  
  
S  
U  
R  
V  
E  
Y**

School: \_\_\_\_\_ Room: \_\_\_\_\_ Unit: \_\_\_\_\_ Area: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID No.: \_\_\_\_\_

**English**

1. Is a language other than English spoken at home?

No  Yes \_\_\_\_\_ (Language)

2. Does the student speak a language other than English?

No  Yes \_\_\_\_\_ (Language)

**Home Language Code**

Enter the appropriate language code (from the back of this form) on this line and in to IMPACT.

**Spanish**

1. ¿Se habla algún otro lenguaje que no sea inglés en el hogar?

No  Sí \_\_\_\_\_ (Lenguaje)

2. ¿Habla el estudiante un lenguaje que no sea el inglés?

No  Sí \_\_\_\_\_ (Lenguaje)

**Polish**

1. Czy językiem innym niż angielski mówi się w domu?

Nie  Tak \_\_\_\_\_ (język)

2. Czy uczeń mówi innym językiem niż angielski?

Nie  Tak \_\_\_\_\_ (język)

**Chinese**

1. 在家中是否說英語之外的一種語言？

否 是 \_\_\_\_\_ (語言)

2. 該學生是否會說英語之外的一種語言？

否 是 \_\_\_\_\_ (語言)

**Arabic**

1 - هل تتكلم في البيت بلغة أخرى غير اللغة الإنجليزية؟  
لا ( ) نعم ( )

2 - هل يتكلم الطالب بلغة أخرى غير اللغة الإنجليزية؟  
لا ( ) نعم ( )

**Bosnian/Croatian/Serbian**

1. Da li se u kući govori na stranom jeziku (različitom od engleskog)?

[ ] NE [ ] DA \_\_\_\_\_ (jezik)

2. Da li učenik govori neki strani jezik (različit od engleskog)?

[ ] NE [ ] DA \_\_\_\_\_ (jezik)

**Urdu**

کیا گھر پر انگریزی کے علاوہ کوئی اور زبان بولی جاتی ہے؟

نہیں ( ) ہاں ( ) \_\_\_\_\_ (زبان)

کیا طالب علم گھر پر انگریزی کے علاوہ کوئی اور زبان بولتا ہے؟

نہیں ( ) ہاں ( ) \_\_\_\_\_ (زبان)

Signature of Parent/Guardian

Date

Signature of School Official

Date

**Notes:**

- The school staff who enrolls the student is required to obtain answers from the parent/legal guardian
- If the parent/guardian does not speak English and the school does not have staff who speaks the parent/guardian's language, identify the language spoken by the parent/guardian through any assistance available in the school (including students).
- If exact name of the language cannot be determined, enter the code for "Other" (099) as a temporary entry. The exact language must be determined within two weeks after the enrollment. Assistance from Area Compliance Facilitators is available.
- If multiple languages are specified in response to either of the two questions, ask the parent/guardian for the language of his/her choice.

Office of Language and Cultural Education

Revised: Dec 2007

\*\*\*For Language Code Lists, see back.



**School Messaging Consent Form**

Dear Parent/Guardian/Student if age 18 or older,

Your school and the district will periodically want to send information regarding school or district events, updates or initiatives. We will utilize the phone messaging system to remind you about these events, updates, and initiatives; including report card distribution, field trips, community events, parent-teacher conferences, announcements, and more. To ensure you receive periodic school or district related notifications and reminders, your consent is needed below.

In the event of an emergency, whether or not consent is on file, you will be informed by all contact information provided. Emergency calls include weather closures, health risks, threats, unexcused absences, and other situations affecting the health or safety of students and faculty. Emergency calls will be sent to all the phone numbers, including cellular numbers, listed on the student's record. Please make sure these numbers are updated with the school.

***\*\*Please fill out and return this form to ensure you receive informational calls\*\****

By signing this form, you are authorizing Chicago Public Schools to use an automated system to periodically deliver automated informational calls or text messages to the phone number(s) provided below. If you change your phone number or no longer wish to receive automated calls, texts or e-mails, you agree to inform Chicago Public Schools immediately. By signing below, you agree that this consent will remain valid and you will continue to receive automated phone calls unless or until you revoke your consent. Please return this completed form to your school no later than **December 1, 2017**. Standard messaging rates and data charges may apply.

**Instructions: Check Box for Consent or Do Not Consent**

- I CONSENT as outlined in the above section.
- I DO NOT CONSENT as outlined in the above section.

\_\_\_\_\_  
Signature of Parent/Guardian/Student if age 18 or older

\_\_\_\_\_  
Printed Name of Parent/Guardian/Student if age 18 or older

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Date

\_\_\_\_\_  
School

Phone Number 1 for Messages: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Phone Number 2 for Messages: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-mail Address: \_\_\_\_\_

# Request for Emergency and Health Information

**School Name:** \_\_\_\_\_

**PARENTS/GUARDIANS:** The school must have on file emergency information that can be used to contact you. Please print clearly. Whenever there is a change in this information, immediately notify the school in writing.

Student ID# \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Homeroom # \_\_\_\_\_

Birth Date (mm/dd/yyyy) \_\_\_\_\_ Student Home Address \_\_\_\_\_ Student Home Phone # \_\_\_\_\_

<p style="text-align: center;"><b>Confidential Information Box 1</b></p> <p>Complete this box only if (1) it reflects your child's current living situation; OR (2) it reflects your living situation if you are a youth not living with a Parent or Guardian. (Your answer will help school staff with enrollment and may enable the student to receive additional services.) Check one box:</p> <p><input type="checkbox"/> awaiting foster care placement    <input type="checkbox"/> in a car/park/other public place</p> <p><input type="checkbox"/> doubled-up    <input type="checkbox"/> in a hotel/motel    <input type="checkbox"/> in a shelter    <input type="checkbox"/> in transitional housing</p> <p><b>School Note:</b> If any box is checked, see the CPS Policy 702.5.</p>	<p style="text-align: center;"><b>Confidential Information Box 2</b></p> <p>Is there a current Order of Protection or No Contact Order which concerns this student?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><b>School Note:</b> If "Yes" follow CPS Policy 704.4 procedures. Enter information in <i>Legal Alert</i> field and update contact information, as needed, in SIM.</p>
--	---

**Parent/Guardian and Emergency Contact Information:** Add extra contacts on the back of this form, if needed.

	Parent/Guardian Contact	Parent/Guardian Contact
Contact Name		
Relationship to Student		
Check all that apply:	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup	<input type="checkbox"/> Lives With <input type="checkbox"/> Gets Mailings <input type="checkbox"/> Emergency <input type="checkbox"/> Permission to Pickup
Home Address, if different from student's		
Home Phone Number, if different from student's		
Cell Phone Number		
Email Address		
Name and Address of Employer		
Work Phone Number		
* Communication Language		
<p>* CPS communicates via phone calls. Select the language that should be used to communicate with you. Languages available for mass communication at this time are English and Spanish (note: other languages upon availability).</p>		

**List the name of a relative or neighbor who can also be notified in an emergency and has permission to pick up the student:**

Name \_\_\_\_\_ Home Address \_\_\_\_\_ Telephone # \_\_\_\_\_ Relationship \_\_\_\_\_

**Family Doctor's Name, Address, and Phone Number:** I authorize you to call my family doctor, if necessary, in an emergency.

**Student Health Insurance:** (select only one of the three)

- Illinois Medical Card/All Kids: provide student's medical ID # \_\_\_\_\_ (9-digit number located on back of card)
- No Insurance: are you interested in applying for the Illinois Medical Card/All Kids?     Yes     No
- Private/Employer Health Insurance: no additional information needed

**Children of Military Personnel (optional)**

- As the Parent or Guardian, are you a member of a branch of the armed forces of the United States?     Yes     No
- If yes, are you either deployed to active duty or expect to be deployed to active duty during the school year?     Yes     No

I certify that the information on this form is correct:

\_\_\_\_\_  
(Parent/Guardian Signature) \_\_\_\_\_ (Date)