



Parental Permission for Zoom In Participation

Dear Parent or Legal Guardian,

Your child is eligible to participate in a free virtual youth hang out, Zoom In. Zoom In is a virtual program for youth 5th grade to 12th grade, designed to replicate the afterschool enrichment opportunities students are missing out on during COVID-19. Zoom In runs Tuesdays and Thursdays. We will host two sessions one for 5th -8th grades from 1 to 3 PM and one for 9th - 12th grades from 3 to 5 PM. Each session will include 2 hands on activities and some general social time to just hang out with each other virtually. We will be focusing on social emotional learning, substance use prevention, and overall well-being, while incorporating STEAM, literacy, crafts, physical activity, and nutrition into lessons. Each lesson is designed to be super fun all while helping each student reach their health goals during this crisis. This activity will take place under guidance and supervision from employees of CARE of Southeastern Michigan.

Name of Event: Zoom In

Days: Tuesdays & Thursdays

Times: 1 to 3 PM for 5th to 8th graders

3 to 5 PM for 9th to 12th graders

Location: Online via Zoom Meeting

Registration Links: 5th to 8th graders - <https://zoom.us/meeting/register/wJQkd0-trzwsmfzJ2FebT5QAEJ3sscBY7w>

9th to 12th graders - <https://zoom.us/meeting/register/uZEqfu-rrzkqt7LodKmdWWN3Gcfz8zIEQ>

Student Cost: FREE

If you would like your child to participate in this event, please complete, sign, and return the following statement of consent and release of liability. As parent or legal guardian, you remain fully responsible for any legal responsibility which may result from any personal actions taken by the named student. I hereby give my consent for my child, to participate in the event described above.

I understand that this event will take place online, away from the school grounds, and that my child will be under the supervision of the designated CARE employee.

Parent/Legal Guardian Printed Name: _____

Parent/Legal Guardian Signature: _____



Student Information & Emergency Contact

Although our event is online, it is extremely helpful to have knowledge of your child's history so that we may best serve their needs and your contact information in case of an emergency.

Student's Name: _____

Birthdate: _____ Sex: _____ Age: _____

Home Address:

Number/Street: _____ City: _____

State: _____ Zip: _____

Emergency Contact

1. Name: _____ Relation: _____

Phone: _____ Email: _____

2. Name: _____ Relation: _____

Phone: _____ Email: _____

Health History

Convulsion: _____ Diabetes: _____ Allergies: _____ Asthma: _____

Chronic and/or recurring illness: _____

Does your student have any activity restrictions? _____

Parent's authorization: This health history is correct as far as I know, and the person described has permission to engage in all prescribed activities of the trip, except as noted by me. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the event chaperones to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child as named above.

Parent/Legal Guardian Signature: _____ Date: _____