

## Young STEM Professionals Emergency/Medical Information & Parent Agreement



Student Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_

School Name: \_\_\_\_\_ School District \_\_\_\_\_

Student Email \_\_\_\_\_ Student Cell # (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ School ID# \_\_\_\_\_ Gender \_\_\_\_\_ (M/F)

Race: ☐ Black/AA ☐ Hispanic/Latino ☐ Am. Indian/Alaska ☐ Asian ☐ Native Hawaiian/Pacific Islander ☐ White ☐ Bi-Racial (2 or more races)

Chronic Physical Problems/Pertinent Developmental Info/Communicable Diseases/Special Accommodations Needed (please explain)

Allergies or Intolerance to Food, Medications, etc. (please list allergies and actions to take in an emergency situation)

Medications Child Takes \_\_\_\_\_

### Parent(s)/Guardian(s)

Father's Full Name \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Mother's Full Name \_\_\_\_\_ Business/Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Child \_\_\_\_\_

### Terms and Agreements

- I agree that I am 18 years or older, a parent or legal guardian of the registered participant.
- I agree that I can legally enter into this agreement for the registered participant.
- I agree by registering my child into the Young STEM Professionals programs or virtual classes.
- I release and hold harmless the Young STEM Professionals, Dallas City Of Learning, Big Thought, Leadership Diagnostics LLC, City of Irving, City of Dallas, Best Buy™ Teen Tech Center, all content providers, management, and Board of Directors from and against any and all third party claims, demands, liabilities, and expenses including reasonable attorneys' fees and litigation expenses for any asserted property damage, injury, or death of any person (collectively "Claims") arising from the sole negligence or willful misconduct that may result from the registered child participating in The Young STEM Professionals programs and/or classes.
- I hereby authorize and consent to use the image of my child and audio by Young STEM Professionals, its designee, the U.S. Department Of Housing And Urban Development (HUD) to be posted publicly on the Young STEM Professionals, HUD's media and other media platforms. This includes the department's official blog: the huddle, YouTube channel, Facebook, Twitter, Flickr, Instagram accounts, and news media outlets. This also includes the HUD secretary's social media account and internal and external print publications and websites.
- As part of your child's experience in the Young STEM professional's Program your child will participate in Dallas City of Learning (DCOL), an education initiative and online platform designed to help students discover new interests, develop skills, and earn recognition for learning achievements. DCOL is a partnership with the City of Dallas and Dallas Independent School District, and is managed by Big Thought, a non-profit organization committed to closing the opportunity gap in Dallas. Some data you have provided, including student name, birth date and student ID number will be shared with DCOL to enable your child's participation.
- This authorization is irrevocable and waives all rights, claims, and demands against Young STEM Professionals, its collaborators, and the federal government in connection with or arising out of the reproduction, publication, or other use of a photograph or other physical images of my child. I acknowledge that my child's participation is voluntary, and I will receive no financial compensation now or in the future.
- I agree to inform the Young STEM Professionals at 469-844-7836 within 24 hours if my child or any member of the household develops a reportable communicable disease (immediate notification if the disease is life threatening).
- The Young STEM Professionals will attempt to notify parents/guardians using the contact information above whenever their child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible.
- In the event the parent cannot be reached in an emergency, I hereby permit the Young STEM Professionals' staff to seek medical treatment at the nearest facility. I understand that I am responsible for the medical expenses incurred by my child and that Young STEM Professionals advises the parent to carry insurance on the registered child.
- I authorize my child's photo to appear in the media or to be used to promote or publicize the Young STEM Professional's programs.
- I understand Young STEM Professionals instructors will release my child to the school or facility staff member after camp/class has ended.
- I give permission for my middle or high school child to sign in/out of the STEM program if I do not come inside to sign in or sign out my child to/from the daily program.
- I agree in the event of serious disciplinary problems, the Young STEM Professionals staff reserves the right to immediately terminate my child's ability to participate through written or verbal notice.
- I understand that The Young STEM Professionals do not assume responsibility for my child until the child arrives and signs into the program and do not assume responsibility for the child after the child leaves the program.

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

Date \_\_\_\_\_