

# Parent/Guardian Consent Form

**Attention Students:** Please make sure your parent/guardian completes this form and return it to the teacher liaison, Ms. Wong at Room 337 by **FRIDAY, FEBRUARY 7th, 2020**.



Dear Parent/Guardian,

Your child/student has been selected to participate in the “Live Well, Take Action: Ambassador Program for East Asian Youth.” Your child/student will attend 8 weekly workshops after school from February to April 2020 and then create community projects that will be presented during the months of May to June 2020. These student presentations will be held at the program’s final event, as well as associated events on and off school site.

This program is a collaboration between ALPHA Education and the Chinese Canadian National Council Toronto Chapter (CCNCTO). Visit the program website for more info: [livewelltakeaction.com](http://livewelltakeaction.com). You may also contact the teacher liaison at your child/student’s school or the project managers, Jaclyn Wong ([jaclyn.lwta@gmail.com](mailto:jaclyn.lwta@gmail.com)) and Judy Cho ([judy.lwta@gmail.com](mailto:judy.lwta@gmail.com)).

To give permission for your child/student to participate in this program and its associated events, as well as permission for media coverage and transportation, you are to complete this consent form. Your child/student is responsible for returning the completed form to the teacher liaison. Thank you for your cooperation!

8 Weekly Workshops	Final Event*
<b>Dates:</b> February 20, 27, March 5, 12, 26, April 2, 9, 16 <b>Day:</b> Thursdays <b>Time:</b> 3:30 - 5:30pm <b>Location:</b> Markville S.S.	<b>Date:</b> Wednesday, May 6, 2020 <b>Time:</b> 6:00 - 8:00 PM <b>Location:</b> Milliken Mills High School

\*This will be open to the public. There may also be other events but these have not been determined yet.

Child/Student Information	
First Name	Last Name
Parent/Guardian Contact Information	
First Name	Last Name
Phone Number	Relationship to the Child/Student
Emergency Contact Information (If this is the same as parent/guardian contact information, check here: <input type="checkbox"/> )	
First Name	Last Name
Phone Number	Relationship to the Child/Student

Please turn over.

To the parent/guardian: The following sections outline the kinds of consent that the program asks for your child/student. Please check  all that apply.

**Consent A: Student Participation in Program**

I give permission for my child/student to participate in 8 weekly workshops during February to April 2020, and create community group projects that will be presented during the months of May to June 2020.

**Consent B: Student Participation at Associated Events**

I give permission for my child/student to participate in the program’s final event, as well as associated events on and off school site.

**Consent C: Media Coverage**

*Note: Photos and videos will be used for program promotional purposes (ex: websites, brochures, newsletters, social media, etc.).*

I agree to allow my child/student’s photos and video footage to be taken by a workshop facilitator, videographer and media outlet throughout the program and its associated events.

If you do not agree, the project managers will ensure that your child/student’s photos and video footage will be removed from program promotional usage. However the project managers cannot guarantee the same circumstances with third parties who may take photos and video footage at associated events.

**Consent D: Transportation**

**For Workshops**

*Note: All workshops end at 5:30pm.*

- I agree to arrange my child/student’s transportation after the end of each workshop.
- I give permission for my child/student to use public transportation after the end of each workshop.

**For Associated Events:**

- I agree to arrange my child/student’s transportation to/from the associated events.
- I give permission for my child/student to use public transportation to/from the associated events.
- I give permission for my child/student to ride on a taxi arranged by the teacher liaison to/from the associated events.

*By signing this consent form, I hereby certify that I am the parent/guardian of the child/student who is under the age of 18 years and that I consent to the checked boxes above.*

*If the child/student is 18 years of age or older, they may sign the consent form themselves.*

<b>Parent/Guardian Signature</b>	<b>Date</b>
<b>Child/Student who is 18 years of age or older</b>	<b>Date</b>