

Anne Arundel County Department of Recreation and Parks
School Age Child Care

**Permission to Hold Discussions with School Personnel
and
Permission to Release Emergency Information to School**

Child's Name _____

School _____

Grade _____ Teacher _____

In order to insure the successful integration of each teen into the program we sometimes find it useful to communicate with school personnel. With your permission, we will carry out such communication only for the benefit of your teen. This will assist us in assuring that your teen has a more successful experience in our program. Any information obtained in the course of this communication will be treated as strictly confidential.

The schools have also requested that we supply them with a copy of your teen's *Emergency Card*. This information will only be used in emergency situations as a back up to the information they have on file. Your permission is required before we can release that information.

_____ I grant permission for the type of communication described above to take place for the 2007-2008 school year.

_____ I do not grant permission for the type of communication described above to take place for the 2007-2008 school year.

AND

_____ I authorize SACC to release a copy of my child's Emergency Card to the school.

_____ I do not authorize SACC to release a copy of my child's Emergency Card to the school.

Parent/Guardian Signature _____ Date _____