

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

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

Teen's Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

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 MSTG to release a copy of my teen's Emergency Card to the school.

\_\_\_\_\_ I do not authorize MSTG to release a copy of my teen's Emergency Card to the school.

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