



21st Century Program Parental Consent Form

Parent/Guardian Name _____

Address _____

Mobile # _____

E-mail _____

Emergency Contact Information:

Name _____ Relationship _____

Best number to contact _____

Medical information:

Allergies _____

Medications _____

I give permission for _____ to participate in the 21st Century Afterschool Program activities provided by Franklinton High School. All activities run from 3:45pm - 6pm Monday through Thursday.

I give permission to Franklinton High School and The 21st Century Program staff to transport my child via van, city bus, or a personal vehicle to and from all activities that requires travel.

I give permission for Franklinton High School and The 21st Century Program to use photo/video footage taken during the activities for promotional purposes such as social media posts/video presentations of the program.

I give permission to Franklinton High School and The 21st Century Program to seek medical attention for my child in the event of a medical emergency.

I understand my child may be removed from the program if the rules & guidelines made by program staff are not adhered to or are repeatedly violated after verbal & written warnings. Program staff will make every effort to resolve all issues that may arise before removal from the program.

I understand this permission form is only good for the 2022-2023 academic school year.

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____

Date _____