

2019 Summer Youth Employment and Learning Program
Minor Participant Consent and Release Form
(For Minor Participants Only)

TO: Parents/Legal Guardians of Minor Youth Participants

FROM: Capital Workforce Partners

The following information **must be completed and signed by you** and returned to **the organization employing each youth for the summer** by the parent/legal guardian of all minor youths involved in the Summer Youth Employment and Learning Program.

I, the undersigned parent/legal guardian of _____ with the birthdate of _____
(Participant Name)

_____, has my consent to participate in the 2019 Summer Youth Employment Program.
(Participant's date of birth)

Please complete the following medical questions:

1. Does your child have a food allergy? Yes No If yes, which foods: _____
2. Is your child allergic to insect bites? Yes No
3. If the answer to 2 or 3 above is yes, will your child bring an epinephrine auto-injector (e.g., EpiPen)? Yes No
4. Does your child take medications daily that he/she will have to take during program hours? Yes No
5. If yes, which medication: _____
6. Is your child using an asthma inhaler/pump? Yes No

- I authorize the transportation of my child between program and/or worksites for purposes of participating in SYELP.
- I authorize release of this information to the organization for summer employment or service learning.
- I authorize my child to self-administer any medication listed above, as necessary.
- In the event of a medical emergency involving my child, I authorize the emergency transportation of my child to the appropriate emergency medical facility.

Parent/Guardian Name
(if participant is under 18)

Parent/Guardian Signature
(if participant is under 18)

Date



Release and Consent of Information and Photograph

I give my permission to Capital Workforce Partners to release the following information:

- My name _____
- My experience with the following program(s) _____
- My video _____
- My photograph _____
- My testimonial _____

It is my understanding that the above checked items may be used by Capital Workforce Partners and related service provider agencies in written correspondence, print collateral and web based communications (ex: Annual Report, website, displays at events, informational brochures, or other public settings).

I also give my permission to Capital Workforce Partners to release the following information to the Connecticut Department of Labor, if they request it, for use in any of their materials or correspondence as well.

If I have participated in the production of a video, I also acknowledge that this video may be posted on You Tube on the Capital Workforce Partners Channel or shared through other various media venues.

_____	_____	_____
Participant Name	Participant Signature	Date
_____	_____	_____
Parent/Guardian Name (if participant is under 18)	Parent/Guardian Signature (if participant is under 18)	Date

Please return this release and consent form to:

Summer Gomes
 Email: sgomes@capitalworkforce.org
 Fax: (860) 722-2485
 Mail: Capital Workforce Partners, 1 Union Place, Hartford, CT 06103

Thank you for sharing your story.