



UJIMA at Independence **CONSENT FORM**

Student name: (Last) _____ (First) _____ (M.I.) _____ Gender: _____

Age: _____ Date of Birth: _____ Grade: _____ Student ID Number: _____

Ethnicity _____

Mother's Name: (Last) _____ (First) _____ (M.I.) _____

Father's name: (Last) _____ (First) _____ (M.I.) _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Emergency/Cell Phone (Parent): _____ Home Phone: _____

Student Cell Phone: _____ E-mail: _____

By signing below, you agree to the following:

- Our family would like to take advantage of UJIMA's weekly Life Skills/Sexual Responsibility class. I understand that this class will cover relevant issues of socialization, self-esteem, body image and functions, mass media & gender role stereotypes, healthy living & social interactions, drugs, tobacco and alcohol awareness, HIV/STD Awareness and prevention, respectful dating behavior, sexual abstinence, emotional well-being, domestic violence prevention, conflict resolution and more.
- I understand this class is being offered to Independence HS Students by a collaboration of Student Support Center, Eastside Union High School District, and UJIMA.
- I understand, this document gives the Ujima Staff consent to conduct 1 on 1 support services with your student in academic support, conflict resolution and social skill training.

Hold Harmless Agreement

- I understand that participation in the activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release Ujima Adult & Family Services, the activity coordinators, and all employees, volunteers, related parties, or other organizations associated with the activity from all claims or liability arising out of this participation. In case of emergency involving my child, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment.

Please Sign and return to UJIMA ASAP:

I, _____ parent/guardian of _____, give permission for my son/daughter to participate in UJIMA's Life Skills/Community Programs class on a rotating schedule (rotates between 2-6th period) 2-3 times a month in person or virtual. I understand the services UJIMA is offering at Independence Hill High School. I give permission for media release with the understanding that any photos, articles, student work, video footage, etc from my son/daughter may be used for promotional materials only. I understand that if my son/daughters refuse to participate respectfully, it could result in their removal from the UJIMA program, as per standard Independence HS disciplinary policies.

Parent Signature: _____

Date: _____

-TURN OVER-

Student Assessment

(Circle & Write – In Answers)

circle

1. Do you participate in any school activities not included in your classes? YES NO
-If you answered YES, list the activities:

2. Have you ever been on or are currently on any type of juvenile probation? YES NO

3. Have you ever participated in any counseling, drug treatment or anger management? YES NO
-If you answered YES, list the types of counseling/treatment:

4. Do you currently have a job? YES NO

-If you answered YES, with whom are you employed? _____