



Girl Power

PARENT AUTHORIZATION FORM

Student Name

School

I, _____, parent or legal guardians of the above-mentioned student, hereby give permission for my child to participate in Girl Power activities. I understand that the primary objective of the program is to encourage students to enroll in college preparatory courses, to participate in Girl Power Academic support services, and to become eligible for admission to the University of California. I also understand that such activities may be available until he/she enrolls at a college or university campus.

I hereby authorize Girl Power Program directors, staff, and their assistants to engage in the following:

1. To have access to, and to make and receive copies of, my children's academic school records through the completion of the 12th grade. I understand that these records will be kept in strict confidence and will be used to a) monitor my child's academic progress; and b) determine when additional academic support services are needed.
2. To Disclose information from my child's academic record to designated representative of their colleges and universities so they may determine my child's eligibility for admission at their institutions, his/her need for special services, and for general use in planning outreach and recruitment activities. These records will be maintained by the University of California consisted with the *Federal Family Education Rights and Privacy Act of 1974*, applicable state laws and University policies.
3. To allow my child to attend field trips to college and universities sponsored and coordinated by the Girl Power Program. I understand that my child will have adult supervision while on these field trips.

I certify that my child is physically fit such that he/she is able to participate in Girl Power activities and that I have read and understand my rules and safety provisions established for this program.

In addition, I agree to assume full responsibility for any risk of injury, death, or property damage arising out of my child's participation in the program and I give permission for my child to receive, if necessary, emergency medical services by authorized personnel, and that any cost incurred as result of such medical emergency will be solely my responsibility.

I further release the University from any liability on account of injury to or death of my child arising out of my child's participation in Girl Power activities and hold the University harmless for any damages or cost that may incurred due to acts of my child during participation in this program.

I understand that this consent may be withdrawn at any time by my written directions to the Girl Power Program Directors.

Parent or Legal Guardian's Signature

Date

Parent or Legal Guardian (*please print*)

Address

City

Zip Code

Home Phone Number

Emergency Phone Number