



# Returning Customer Medical Release

School Year \_\_\_\_\_  
Site Locations \_\_\_\_\_  
School Phone \_\_\_\_\_

**This form must accompany a computer generated information sheet that has been reviewed for updates!**

Child 1 \_\_\_\_\_ Grade (2024-2025) \_\_\_\_\_  
Child 2 \_\_\_\_\_ Grade (2024-2025) \_\_\_\_\_  
Child 3 \_\_\_\_\_ Grade (2024-2025) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Contact Number \_\_\_\_\_  
Father's Name \_\_\_\_\_ Contact Number \_\_\_\_\_

Child 1: Are there any new health concerns not previously listed on your Health History Checklist? Yes No  
If yes, please describe: \_\_\_\_\_  
Child 1: Are there any new health concerns not previously listed on your Health History Checklist? Yes No  
If yes, please describe: \_\_\_\_\_  
Child 1: Are there any new health concerns not previously listed on your Health History Checklist? Yes No  
If yes, please describe: \_\_\_\_\_

SHADES uses the Procure Engage App to communicate with you. Please make sure you download and sign up to use the Procure Engage App to ensure you have the most accurate and timely information regarding your child(ren) and the SHADES program.

To my knowledge the information listed above is correct and the child described has permission to engage in all activities at SHADES of Development, unless noted by me in writing. In the event that I cannot be reached in an emergency, I hereby give my permission to the program director or designee to secure emergency medical services including transportation and physician. I also give my permission to the attending physician to order injections, anesthesia, or surgery, if necessary for my child named above.

I have received, read, and understand the Parent Handbook, Parent Orientation, Parent Agreement, Child Abuse Reporting Procedures and State Licensing Requirements.

I hereby give SHADES of Development permission to access my child's school records including but not limited to report cards, STAR/AIMSWeb Assessments, TCAP/TNReady results, attendance records, IEP, behavior reports and free/Reduced lunch status for the purposes of tracking academic progress, program eligibility, and/or developing intervention strategies in collaboration with KCS to support funding initiatives and/or requirements. I understand that my child's individual school records will be kept confidential at all times. Information will only be used to graph trends and progress for the entire group. I furthermore give permission to SHADES of Development to use any photos or videos taken of my child and family during the SHADES Enrichment Program for the purposes of research, grant results reporting and/or afterschool program promotion. (Parent/Guardian Initials \_\_\_\_\_)

**Parent Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Revised 3-29-24