E·R·A·S·E

EDUCATION RESEARCH ADVOCACY & SUPPORT TO ELIMINATE RACISM

ERASE Racism
Student Voices Campaign Participation Form
Student Task Force Meetings and Events
2019-2020

Permission Form

Directions to student: Please obtain parent/guardian signature and return this form to ERASE Racism (email: ian@eraseracismny.org ▪ fax: 516-921-4866).

To be completed by parent or guardian: As parent/guardian of

_____ in _____
Name of Student ***Name of School/Organization***

I give my permission for my child to participate in ERASE Racism's Student Voices Campaign, Student Task Force Meetings on November 23, 2019 and for all meetings and events scheduled thereafter.

Please respond to all statements and/ or give your permission for each area:

I agree that I will supply or approve transportation to and from the event. ☐Yes ☐No

My child needs assistance with transportation. ☐Yes ☐No

I agree that ERASE Racism may use photographs, videotapes, audio recordings, or other transmissions of my child for public relations, educational or other purposes, including but not limited to use on the ERASE Racism Website, Facebook and Twitter pages or in newsletters and media releases. I agree that these materials shall become the property of ERASE Racism and release and discharge ERASE Racism and its representatives from any and all claims that may arise from the use of such property. ☐Yes ☐No

Medical information including allergies:

Allergies: _____ ☐Yes ☐None
If yes, please list.

Other relevant medical information: _____ ☐Yes ☐None

Parent/Guardian Contact Information:

Name (*Print)*: _____

Home Address: _____

Phone: _____

Alternate/Emergency Phone Number: _____

_____ _____
Signature of Student Date

_____ _____
Signature of Parent or Guardian Date

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