



REALITY CHECK INC.

www.realitycheckinc.org | 479.426.1519

PO Box 759 | Rogers, AR 72757-0729

Summer Program Permission Slip

I give my child _____ permission
(Student name)

to participate in the Reality Check W.O.R.T.H. Program. I understand the program will meet two days per week for 5 consecutive weeks beginning the week of May 30, ending the week of June 27.

W.O.R.T.H. Program:

1. Only students attending The Annex in the Rogers, AR school district can participate in W.O.R.T.H.
2. Students are selected through formal application and interview process that includes, but is not limited to, school attendance, GPA, teacher recommendation, and community service requirements.
3. Reality Check will provide transportation to and from community partners from The Annex, but will not provide transportation to and from The Annex to begin or end each day's program.
4. Program Specifics:

• POINTS:

- During the 10 sessions, students will have the opportunity to earn points as they learn personal, professional, and business skills in the classroom and in practical application through outdoor education, community service projects and job shadowing/mock interviews.
- Points will be awarded for attitude/behavior, application of skills learned during events with community partners, prompt arrival and attendance.
- Students will be rewarded at the end of the program based on the number of points earned. Each student has the opportunity to be awarded a scholarship in various amounts up to \$500, depending on the number of points they have earned. (See student contract for details).

• ATTITUDE/BEHAVIOR:

- Discipline will be reviewed on a case-by-case basis; however, students WILL NOT be allowed to bring any sort of drugs/alcohol, weapons, or gang paraphernalia to the program or community partner locations.
- Your student may be subjected to random drug testing to qualify for, and remain in, the W.O.R.T.H. program
- As the W.O.R.T.H. program director, I reserve the right to determine, on a case by case basis, whether a student may be dismissed from the W.O.R.T.H. program.

• PROMPTNESS/ATTENDANCE:

- The purpose of this program is to give the student the necessary perspective and skills to be successful in the workplace. Thus, arriving promptly and attending all meetings is required.
- Each session's meeting time will be 9:00 am and will end no later than 3:00 pm.
- Monday meetings will take place at The Annex building in the Reality Check office. Tuesday meetings will take place at various places amongst our community partners.
- Regardless of the location, it is expected that the student will be on time and ready to work and/or learn.
- Times and locations of meetings are subject to change in order to coordinate with facility availability and community partner schedules.
- Once a student has 2 excused absences from W.O.R.T.H. meetings, the program director may choose to dismiss the student from participation in the program. Unexcused absences will not be permitted.

Please check type of transportation:

_____ Walker

_____ Parent Pick up

_____ Student Driver

My child may also ride home with: _____ (no deviations without written instructions)

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Student Address and Parent Contact information:

Student Name: _____

Student Gender (circle one): Male Female Student Age: _____

Student DOB: _____

Student Grade: _____

Student Allergies: _____

Current Medications: _____

Student Special Needs or Concerns:

Parent Name: _____

Parent phone: (Home) _____ (Work) _____

(Cell) _____

Emergency Contact Name: _____

Emergency Contact # _____

E-mail (work) : _____

E-mail (home): _____

Picture/Video Authorization:

During the course of the program, we may take pictures and/or videos of the students. These pictures may be included in various publications such as a scrap book, newspaper article, or web page. We would like your permission to include your child.

I, _____, the lawful parent or guardian of _____ give my permission to release any pictures taken of the above mentioned child, by the W.O.R.T.H. program to be included in any announcements, advertisements, and documents in the Reality Check, Inc. name.

AUTHORIZATION AND CONSENT TO EMERGENCY MEDICAL TREATMENT

I, _____ the lawful parent or guardian of _____, A minor child of whom I have custody and control, do hereby authorize the agents and employees of Reality Check, Inc. to procure such emergency medical treatment as may be reasonably necessary to provide for the health and well being of said minor child at any time that such minor is in the custody of said Reality Check, Inc. employee while in attendance at school, in attendance at a community partner, or while en route to or from either location.

I further authorize the said agents or employees of Reality Check, Inc. to sign any and all consents required by physicians or hospitals in connection with said emergency treatment, including but not limited to the administration of anesthesia, disposal of tissue, the taking of photographs, moving pictures, television pictures, etc, the drawing of blood samples, and the performance of such additional operations or procedures as are considered necessary or desirable in the judgment of the attending physician or hospital authorities.

In connection herewith, Reality Check, Inc. agrees that it will direct its agents and employees to make a reasonable attempt to contact the parent or guardian of the child if emergency medical care or treatment is necessary and that the above authorization and consent is for the purpose of providing emergency care and treatment for the child when the parent or guardian cannot be located.

Signature of Parent/Guardian Date

Other person to be notified:

Name _____ Phone _____

*Local phone # for emergency, please.

Date of last Tetanus Booster Shot: _____

Insurance Carrier: _____ Policy # _____

Doctor _____ Phone # _____

Hospital _____

(Parent/Guardian Signature)

******Please return the completed form to Beth Bryant (Reality Check Executive Director) at the Reality Check office in The Annex at 2922 S. 1st St.; Rogers, AR 72758*******

For more information email Mrs. Bryant at lizabeth.bryant@gmail.com