



www.ReachBackLA.org

Consent Form

I have read the completed application, understand the rules of Reach Back L.A. (RB L.A.) and request that my son/daughter be admitted into membership. I have explained the rules to my son/daughter and agree that RB L.A. will not be responsible for any accident to the boy/girl while on RB L.A. premises or while engaged in any of its activities away from RB L.A. In case of an emergency, I release RB L.A. of all liabilities, and hereby allow them to call any emergency vehicle and or transport my son/daughter for medical treatment. I give my consent to photograph and or videotape my son/daughter for electronic or printed media for promotional purposes, to be used in any way by RB L.A.

Parent/Guardian Signature: _____ Date: _____

Mandated Reporter

Members and/or parents sharing information to an RB L.A. staff regarding child abuse, child neglect, and sexual molestation must be reported to the Department of Children and Family Services (DCFS). Mandated by law (Penal Code Section 11166), RB L.A. staff is required to report cases of known or suspicious abuse to the agency immediately by telephone.

Parent/Guardian Signature: _____ Date: _____

Counseling Services

I understand and agree that the Counseling Center at Reach Back L.A. may intervene to provide counseling, and/or therapeutic interventions for any and all minors on the premises if the need arises. These incidents may include but are not limited to unmanageable behavior, threats or fighting. Interventions, interviews and/or counseling sessions will be provided only in emergency situations, to be determined by the counseling staff, not to exceed three (3) sessions. Ongoing counseling or therapeutic treatment will only be provided after receiving written consent of parent or guardian.

Parent/Guardian Signature: _____ Date: _____

Release of Information

I/we, the undersigned parent(s) or legal guardian of _____ a minor, do hereby give authorization and consent to release a copy of all necessary records, including test scores, report cards, and evaluations to the Educational Services Department of Reach Back L.A. for the purpose of assisting and evaluating my child's educational performance.

Parent/Guardian Signature: _____ Date: _____

Permission to Confer with Teachers

I/we, the undersigned parent(s) or legal guardian of _____ a minor, do hereby give authorization and consent for the Educational Services Supervisor or Representative of Reach Back L.A. to hold a conference in regards to the above member with any/all teachers, counselors, and Special Ed representatives.

Parent/Guardian Signature: _____ Date: _____