



College of Education & Human Services
Community Learning Center for Children & Youth
(216) 687-4621

Parent Acknowledgement & Emergency Form

(Please read the following statements and check the boxes below ↓)

I hereby acknowledge that _____ (child's name) will be receiving services at the Community Learning Center for Children & Youth at CSU. I understand that services will be provided by students of Cleveland State University in training and who are under supervision of qualified personnel and/or professors.

I hereby authorize the use of audio recorders, video, and/or digital cameras during tutoring sessions for review by the supervising professor and/or CSU students for the purpose of diagnosis or for promotional use for the Community Learning Center. I understand that some of the data gathered may be used anonymously for future research, advertising and educational purposes, projects, written reports, CSU websites, and for the use in training students at Cleveland State University.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

HOME PHONE: _____ **CELL:** _____

We recommend that you stay in the Community Learning Center area while your child is receiving services at CSU.

>>>> If, for any reason, I am unable to return to CSU to pick up my child, I give my consent to the following people to pick him/her up:

****We will not be able to release your child to a person other than their parent/guardian, unless their name is written above.**

Your child's safety is very important to us. If you have any other comments or information that we may need to know regarding your child, please tell your tutor or you may call the Center at (216) 687-4621. Thank you.

Notes: _____

