





# PARENTAL CONSENT FOR DATA SHARING WITH AFTERSCHOOL PROGRAM

## Data Security and Confidentiality:

[Redacted] prioritizes the security of your child's information. We have implemented the following measures to protect our data:

[Redacted area for data security measures]

## Consent:

By signing below, I [Redacted] give my consent for [Redacted] to:

- Obtain the information described above from my child's school.
- Share this information with authorized program staff and volunteers who need it to support my child's participation.
- Use this information for the purposes outlined in this form.

I give the OST Program to have direct conversations on a day-to-day basis with my child's teachers to help support my child's academic progress through homework help, tutoring, and individual assistance.

## Duration of Consent:

This consent will remain in effect for the duration of my child's enrollment in [Redacted] unless revoked in writing by me.

## Revoking Consent:

I understand that I have the right to revoke this consent at any time by providing written notice to the program director.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site Coordinator Name

\_\_\_\_\_  
Site Coordinator Signature

\_\_\_\_\_  
Date

Additional Notes: