**STATE OF WASHINGTON**

**WASHINGTON STATE SCHOOL FOR THE BLIND**

2214 E. 13th St. · Vancouver, Washington 98661-4120 · (360) 696-6321

# YES-1 Consent Form

YES 1 staff plan off-campus outings for students throughout the program. WSSB staff accompanies the students on these off-campus outings and the students are supervised according to their individual supervision needs. Students and staff will walk, use public transportation, or use state vehicles. Activities or educational outings will be planned at a variety of local locations. These locations may include the following: parks, community agencies and businesses, restaurants, banks, grocery stores and other recreation activity venues. Students who participate in job shadows are supervised during that time by community business staff, with oversite by WSSB staff as needed.

**Student Name**:

1. My child has permission to participate in off campus educational and recreation activities. [ ]  Yes [ ]  No.
2. As the parent or legal guardian of the minor named below, I grant permission to the Washington State School for the Blind (WSSB), its employees, and the staff of the YES-1 program to transport my child to activities and functions associated with the YES-1 program. Transportation may be provided by state-owned vehicles, a private shuttle company, commercial transportation (taxi) or by public transportation. [ ]  Yes [ ]  No

WSSB serves as a statewide resource and provides training to blind, Low-Vision and Deafblind people. For that purpose, WSSB would like permission to use photographs, video, and audio recordings of your child for the following purposes:

* Sharing information throughout WSSB its partnership and educational community

# Training for parents and professionals

# Marketing of WSSB programs

# Educational purposes which increase public awareness about blindness

## My child may be photographed, video and audio recorded by WSSB and DSB for purposes described above. [ ] Yes [ ]  No

## My child may be photographed and/or interviewed by local news organizations, i.e., newspapers, television, etc. [ ]  Yes [ ] No

## In the event of an emergency, accident, or illness I, as the parent or legal guardian of the minor named below, hereby authorize the Washington State School for the Blind, its employees, and the staff of the YES-1 program to administer emergency medical care for my child and/or to secure emergency medical services in case of illness or accident. I agree to accept responsibility for payment of any medical care for my child that may occur during the YES-1 program. [ ]  Yes [ ] No

Washington State School for the Blind offers the YES-1 program in partnership with the Department of Services for the Blind (DSB). As the parent of legal guardian of the minor named below, I grant permission for the use of confidential information about the minor named below within The Washington State School for the Blind to plan, provide and coordinate services, treatment, payments, or for other purposes authorized by law. I further grant permission to the WSSB to disclose confidential information about the minor named below with DSB for these purposes. Information may be shared verbally or by computer data transfer, mail, or hand delivery

## The YES-1 staff often communicate with the students vision teachers to gain a better understanding of the students skills and needs to participate fully in the program. As parent or guardian of the child named below, I give permission for my child’s TVI/ O&M and staff of the Washington State School for the Blind and Washington State Department of Services for the Blind to share information regarding their readiness for the YES-1 program verbally, or by computer data transfer, mail, or hand delivery. [ ]  Yes [ ]  No

## At the end of the YES-1 program, a summary report is mailed to the participant and their family. Please indicate below if you would also like this report to be sent to your child’s Teacher of the Visually Impaired (TVI)/Orientation and Mobility Specialist. [ ]  Yes [ ]  No

Signature of Client or Client’s Representative: Click or tap here to enter text.

Date Signed: Enter date signed.

**\*** Program funded by Washington State Department of Services for the Blind