



Social and Electronic Media/Texting Student Permission Form 2020-21

Social media and text messaging are forms of communications that GO CAPS staff may use to communicate with students for education related purposes. Use of these tools is not required and no parent should feel that their decision not to allow their student to communicate in this manner will have an impact on their student. Your child's home high school district has policies and procedures in place that set out the expectations and requirements for staff members who choose to utilize these tools. GO CAPS employees who maintain a social networking site for the purpose of communicating with students and parents such as a team or club site will:

- Ensure that the purpose of the site is solely educational;
- Keep the site private and accessible only to the students and their parents who are currently involved;
- Limit communication to matters, volume, and times within the scope of the employee's professional responsibilities;
- Regularly monitor the site;
- Maintain privacy settings on the social media site to ensure posts are made available to all members;
- Follow all home school district policies, rules, and expectations which apply to participation in the social media site regardless of the physical location of the person participating in the social media site.

Social Media

I give my student permission to access and use social media with GO CAPS staff for educational purposes. I understand that I have a right to participate in the social media site and receive the same information my child does. I understand I can withdraw permission for my child to participate at any time by giving written notice to the staff member responsible for the site.

Text Messaging

I give permission for my student to communicate with the instructor, business partner or mentor via text messaging.

Parent Signature _____ Date: _____

Parent Name (Print) _____

Parent Cell Number _____

Student's Signature _____ Date: _____

Student Name (Print) _____

Student Cell Phone _____



Dear Parent or Guardian:

GOCAPS will be taking photographs of students and staff during the 2020-21 school year. These photographs may be used in marketing and informational materials produced by GOCAPS and distributed to the public via print publications, websites, social media and other promotional materials. They may also be used to market the GOCAPS program by our partners, Lake Regional Hospital, Mercy Hospital, DT Engineering and The Mall.

If you are willing for your child to be photographed, please sign and return the consent form below by August 17th. If you have any questions, please call Ann Hopper at (417)991-2312.

Permission to Photograph Student

(Grants parental permission for student to be photographed or interviewed)

By my signature below, I hereby grant permission for my child,

_____, to be photographed by

(print child's name)

GOCAPS and partners, Lake Regional, Mercy, DT Engineering, and The Mall, for use in various print and online promotional materials for the GOCAPS program. I hereby release and hold harmless GOCAPS and mentioned partners from any reasonable expectation of privacy or confidentiality for myself and for the minor child named above associated with the images to be taken. Further, I attest that I am the parent or legal guardian of the child named above and that I have full authority to consent and authorize GOCAPS to use their likenesses. Further, I understand that neither I, nor the child named above will receive financial compensation of any type associated with the taking or publication of these photographs.

Signature _____ Date _____