



Evergreen Fire Rescue Training American Heart Association Heartsaver K-12

READ CAREFULLY AND COMPLETELY BEFORE SIGNING.

THIS DOCUMENT INCLUDES INFORMATION ABOUT DATA COLLECTED BY AHA AND/OR EFR.

I _____, permit my child _____ to participate in the American Heart Association "Heartsaver" K-12 Training at the Evergreen Fire/Rescue training center and/or conducted by Evergreen Fire/Rescue personnel. This training will allow my child to obtain an eCard certifying my child has taken CPR training and is an AHA "Heartsaver." I understand that Heartsaver classes may include video images of individual resuscitation techniques, along with live instruction, and that personal information may be gathered about my child, including name, address and other information which is collected from you, the parent, or the child that may be combined with the above identified identifiers.

EFR will endeavor to keep this information private and will take precautions to delete all personal information which may be gathered before any information shall be made public about any participant in the Heartsaver program. EFR will not require a child to disclose more information than is reasonably necessary to participate in the Heartsaver program and obtain the Heartsaver K-12 eCard. You have the right to review any information that is collected for this purpose and direct that it be deleted. You may also direct that no additional information shall be collected. By signing the below Acknowledgment, you acknowledge and consent to this limited collection of personal data about your child and EFR has the right to share this information with the American Heart Association as necessary to have the Heartsaver eCard issued to your child. If at any time you change your consent, you may notify EFR, in writing, of such withdrawal of consent.

ACKNOWLEDGMENT: I give permission for my child to participate in all Heartsaver K-12 activities. I acknowledge that EFR and/or AHA may gather certain personally identifying information about my child, and I voluntarily and willingly allow such information to be shared for the limited purpose contained in this Acknowledgment.

I understand that, should my decision change, I may withdraw this consent at any time by notifying EFR, in writing.

I have read, understood and voluntarily signed this Acknowledgement, and permit my child to participate in the Heartsaver K-12 program.

Custodial Parent / Legal Guardian Signature

Date

Do we have your permission to take and use your child's photo for promotional purposes? **YES** **NO**