

PARENTAL PERMISSION FORM

My child (*print child's full name*) _____, has my permission to participate in the activity as described below with the volunteer mentor indicated:

Mentor Name (*print*): _____

Mentor's Church Name: _____

Date: _____ Time: *from* _____ *to* _____

Activity: _____ Location: _____

I hereby authorize (*print driver's name*) _____ to provide transportation for my child to and from the activity.

My child is required to use a booster seat by law (between the ages of 4-7 years old), and I will provide the booster seat to be used during transportation.

During the activity, I can be reached at:

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Alternate Phone: _____

If not able to contact me, please contact:

Name (*print*): _____

Relationship to Child: _____

Phone: _____ Alternate Phone: _____

In case of medical or dental emergency, I understand that every effort will be made to contact me. If unable to contact me, contact the individual designated above. If unable to contact me or the designated individual, I hereby give permission to the above-mentioned volunteer mentor to secure treatment for my child from the physician/medical facility indicated below. If unable to secure medical-related services from the indicated physician/medical facility, I authorize the volunteer mentor to secure treatment from another physician/medical facility. As the parent or legal guardian, I will assume all costs for medical-related services rendered on behalf of my child.

Child's Medical Insurance Carrier: _____ None

Child's Physician/Medical Facility: _____ Phone: _____

Parent or Legal Guardian:

PRINTED NAME

SIGNATURE

DATE

MENTOR: PROVIDE YOUR CONTACT INFORMATION TO PARENT/GUARDIAN