

PARENTAL CONSENT **Elementary**

**School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grade:\_\_\_\_\_\_\_\_\_\_**

All information provided will be kept in a confidential file in our office—Please print neatly!

**PERSONAL INFORMATION**

Child Name: (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child Gender: □ Male □ Female Child Age: \_\_\_\_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\* Knowing your child’s preferences will assist us in matching him/her with a Mālama Mentor who has similar hobbies! (SEE BACK)**

Guardian Name: (Last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (First) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In case of emergency, if the adult listed above **cannot** be contacted, please call:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONSENT**

I consent for my child:

* To participate in the Mālama Mentors Program—spending an hour a week with a teenage Mālama Mentor from a nearby high school, in which my child will participate in speaking, reading, and indoor/outdoor play activities.
* To be filmed and/or photographed by Mālama Mentors staff for Mālama Mentors promotional materials. The child will not be named or otherwise identified in the use of these videos/pictures.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent/Guardian Name (Please Print) Parent/Guardian Signature Date

**Media Release**

I give permission for Mālama Mentors to use recorded film, still images, or audio of my child in promotional materials to further the program at other elementary schools.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Initials Date

CONFIDENTIAL MEDICAL INFORMATION

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 𑄷 None

Child’s Physician/Medical Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian’s name (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Legal Guardian’s name (signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

After the Mentoring Hour, Do you wish your child to be?

A. \_\_\_\_\_\_ Walk home alone or walk home with (list all persons walking with your child)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

B. \_\_\_\_\_\_ My child will be picked up by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at the room \_\_\_\_\_\_\_\_\_\_.

This person must be on time and responsible.

 Name of Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone Number (Must be current and working phone number)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. \_\_\_\_\_\_ My child is enrolled in A+. Everyday (Monday thru Friday), my child is picked

up from \_\_\_\_\_\_\_\_ at this time \_\_\_\_\_\_\_\_.

**If you are picking up your child earlier than the time you listed above, on the day your child is scheduled for Malama Mentors, you MUST notify or leave a message for Malama Mentors at \_\_\_\_\_\_\_\_\_\_\_\_\_.**

***PLEASE SUBMIT ENTIRE FINISHED PACKET TO THE SCHOOL’S COUNSELOR/TEACHER BY .***