



(For Office Use Only)

## PARENTAL CONSENT FORM Elementary

School: \_\_\_\_\_ Grade: \_\_\_\_\_

*(All information provided will be kept in a confidential file in our office. Please print clearly!)*

### PERSONAL INFORMATION

Child Last Name: \_\_\_\_\_ Child First Name: \_\_\_\_\_

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

Child Ethnicity:

Japanese  Chinese  Filipino  Vietnamese  White  Black or African American  
 Micronesian  Hispanic/Latino  Native Hawaiian  Other: \_\_\_\_\_

*This information is used in our grant writing and is optional.*

Who Lives with the Child? (check all that apply)

Mom or Dad  Mom and Dad  Grandparents  Uncles and/or Aunties  Others

*This information is used in our grant writing and is optional.*

Please indicate your household's income:

Less than \$20,000  \$21,000-\$49,000  \$50,000-\$139,000  Over \$140,000

### GUARDIAN INFORMATION

Guardian Last Name: \_\_\_\_\_ Guardian First Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

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



**IN CASE OF EMERGENCY**

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.

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Parent/Guardian Name (Please Print)

Parent/Guardian Signature

Date

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**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.

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Parent/Guardian Initials

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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: \_\_\_\_\_ ☒ 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, walk home with mentor, 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 Mālama Mentors, you MUST notify or leave a message for Mālama Mentors at \_\_\_\_\_.**



## Transportation Authorization Form

I give my permission to \_\_\_\_\_ to transport my child  
\_\_\_\_\_ to, from, and during these activities listed below:

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During these activities I can be reached at:

Home Phone # \_\_\_\_\_ Mobile Phone # \_\_\_\_\_

Emergency name \_\_\_\_\_

Emergency contact number \_\_\_\_\_

Signature of parent/legal guardian \_\_\_\_\_

Date \_\_\_\_\_

**Questions?**

**Please contact your child's Head Coach**

**PLEASE SUBMIT ENTIRE FINISHED PACKET TO THE SCHOOL'S COUNSELOR/  
TEACHER**