

## Parent/Guardian Consent Form Group Mentoring Program – Site Based

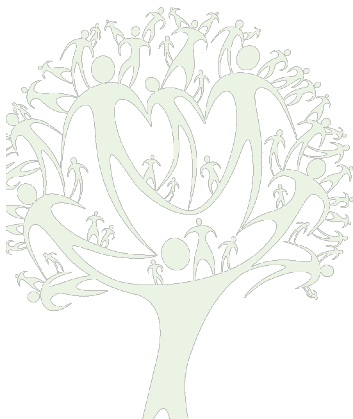
\_\_\_\_\_ (please print) \_\_\_\_\_ (Name of parent/guardian)

\_\_\_\_\_ the parent/guardian of \_\_\_\_\_ (Name of child)

I hereby consent to my child participating in the \_\_\_\_\_  
(Mentoring Program)

I also hereby:

1. Understand that at any time I have questions or concerns about my child's Mentor, I am able to talk to the Mentoring coordinator or School Liaison.
2. Acknowledge that this consent form will be filed at the (Coordinating Agency).
3. Understand that my child will be contacted by the Mentoring Coordinator to supervise and monitor the relationship with their Mentor.
4. Understand that I may be asked to complete an evaluation form pertaining to the mentoring program.
5. Understand that my child cannot have contact outside of the program with their Mentor.
6. Agree to inform the mentor coordinator if I choose to withdraw my child from the program.
7. Release the \_\_\_\_\_ (Mentoring Program)  
(including all partners) and their employees, directors, and volunteers from any cause or action or claim for damages arising from my child's association with the Mentoring Program.
8. I agree to allow the school (teacher/Family Wellness Worker/Aboriginal Liaison worker) to share with the \_\_\_\_\_ (Mentoring Program) information necessary to evaluate my child's progress in relation to the \_\_\_\_\_ program. This may include indications of behavior and attitude changes, social skill development, levels of self-esteem, academic performance and peer interaction. I understand that this information will be kept in a confidential file.
9. If transportation is provided by the program you will need to include a clause that the parent consents to their child using this transportation.



Parent/Guardian Name: \_\_\_\_\_

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

Does parent/ guardian reside with child?  YES  NO

Parent/ Guardian Name: \_\_\_\_\_

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

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

Does parent/ guardian reside with child?  YES  NO

Child's Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_

School \_\_\_\_\_ Grade:  Male  Female

Doctor's Name: \_\_\_\_\_

Doctor's Phone: \_\_\_\_\_

AB Healthcare Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_  
PARENT/ GUARDIAN SIGNATURE DATE

\_\_\_\_\_  
PARENT 2/ GUARDIAN 2 SIGNATURE DATE

DISCLAIMER: This is a sample consent form only. A consent form specific to your program must be developed and reviewed by a legal professional.

