Parent Authorization Form

NOTIFY IN CASE OF EMERGENCY

Name _____ Relationship _____

Address _____

City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____

PARENTAL CONSENT

I have read and understand the information given to my child about the Many Hands Mentoring Program. I hereby give my permission for my child _____, to participate in this program. I will assist my child in keeping all appointments with his/her mentor. I will attend all parent events and I agree to communicate with the Mentor Coordinator regarding any concerns I may have about my child's participation in the Many Hands Mentoring Program. I also understand that I will be given the opportunity to meet my child's mentor. I also understand that my child will occasionally meet with his/her mentor at supervised scheduled events held at the school or other community center. Should an event be scheduled away from the school, I am responsible for my child's transportation.

All meetings between my child and his/her mentor held outside of the school setting, and not supervised by the Mentor Coordinator, shall be arranged by me, my child, and the mentor, and I take full responsibility for such meetings.

_____ _____

Date Signature