

MENTEE PARENT/GUARDIAN CONSENT FORM

PERMISSION TO PARTICIPATE IN THE MEN IN EDUCATION MENTORING PROGRAM

My son/daughter, _____ may participate in the Men in Education Mentoring Program.

PHOTO RELEASE

I understand that the Men in Education Mentoring Program may attract attention from the media and there is a possibility that students will be photographed during their experience. I grant permission to photograph my son/daughter. _____ Yes _____ No

MEDICAL AUTHORIZATION

Should it be necessary for my child to have medical treatment while participating in the Mentoring Program, I hereby give the Men in Education personnel permission to use their best judgment in obtaining medical service for my child, and I give permission to the physician selected by the Men in Education personnel to render whatever medical treatment he or she deems necessary and appropriate. Permission is also granted to release necessary emergency contact/medical history to the attending physician, or to the workplace, if needed.

STUDENT'S NAME _____ DATE OF BIRTH _____

ADDRESS _____

HOME PHONE _____

PARENT/GUARDIAN DAYTIME PHONE INFORMATION _____

CONTACT OTHER THAN PARENT/GUARDIAN _____

RELATION TO STUDENT _____

DAYTIME PHONE INFORMATION _____

FAMILY DOCTOR _____ PHONE _____

PREFERRED HOSPITAL _____ PHONE _____

Does your child require any special accommodations due to medical limitations, disability, dietary constraints or other restrictions? Please explain.

I hereby agree to all of the above authorizations and permissions.

SIGNATURE OF PARENT/GUARDIAN _____ DATE
