

**Honest Growth LLC
PARENT/GUARDIAN PERMISSION FORM**

I, _____, as Parent/Guardian(s) of _____, understand the nature of the Honest Growth Mentoring program and willingly request a mentor for my child. I understand that Honest Growth Mentoring will not deny my child's participation in the program solely based on any one of the following statements.

PLEASE INITIAL:

1. I consent to my child's participation in the Honest Growth Mentoring program and give him/her my permission to participate;

_____ Yes _____ No

2. I will do everything I can to help my child meet the program requirements;

_____ Yes _____ No

3. I will fully support my child's relationship with the Honest Growth Mentor. Should I need to discipline my child, I agree that discipline would not automatically include denial of contact with the Mentor;

_____ Yes _____ No

4. I hereby give consent for the Honest Growth Mentoring Mentor Coordinator, Christine Simon, to obtain appropriate emergency medical or dental attention for my child, if such attention is required while I am unavailable or unable to be contacted;

_____ Yes _____ No

5. I give my permission for Honest Growth Mentor to share and access information with other agencies and professional persons working with my child, including but not limited to, psychological, medical, and school/educational information, including grades, test results and attendance;

_____ Yes _____ No

6. I agree to provide the Honest Growth mentor with copies of my child's school report cards upon request;

_____ Yes _____ No

7. I give my consent for the Honest Growth mentor to share information regarding my child's progress and the status of the match with referral or other agencies, as appropriate;

_____ Yes _____ No

8. I give my permission for my child's name, likeness and speech in any audiotape, videotape, film or photograph made at any Honest Growth mentoring activities for public relations or fundraising purposes of Honest Growth mentoring. I also give consent for any printed materials, artwork, stories, or quotes from my child to be used for public relations or fundraising purposes;

_____ Yes _____ No

9. I give my permission to the Honest Growth mentor to visit, pick up, or transport my child for activities and events;

_____ Yes _____ No

10. I give my permission to the Honest Growth mentor to visit and/or be an advocate for my child at school;

_____ Yes _____ No

11. I understand Honest Growth is a mandated reporter and is required by law to report any neglect or abuse that is mentioned during the mentoring session;

_____ Yes _____ No

I understand that my child will be participating in various one-to-one activities with a mentor, and that he/she will be under that mentor's supervision during those activities. I release Honest Growth LLC from any and all liability, claims, demands or causes of action whatsoever that I may have as parent/guardian of this youth, for damage, loss or injury to my child which may occur while participating in any of the activities contemplated by this Agreement, caused by the negligence of Honest Growth LLC. I understand that my child's participation in Honest Growth mentoring sponsored activities and specific activities with Christine Simon is voluntary. By my signature below, I hereby acknowledge that I have read and understand this document and the items contained therein, and that I have received a copy of this document for my records.

Signature of Parent/Guardian

Date

Printed Name Parent/Guardian

Signature of Honest Growth LLC Mentor

Date

Printed Name of Honest Growth LLC Mentor

Emergency Medical Consent

I give consent for the Honest Growth Mentor to obtain appropriate emergency medical or dental attention for _____(Mentee), should such attention be required while I am unavailable for contact.

Name of Primary Care Physician

Phone Number

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN HONEST GROWTH LLC AND/OR ITS AFFILIATED ORGANIZATIONS AND MYSELF AND HAVE SIGNED IT OF MY OWN FREE WILL. THIS CONTRACT IS IN EFFECT UNTIL CANCELED IN WRITING.

Signature of Parent/Guardian

Witness signature

Date