

Nourishing Hands Inc.

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 Nourishing Hands Inc. teen 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 or most) parent events and I agree to communicate with a member of NHI staff regarding any concerns I may have about my child’s participation in the Be a Mentor 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, virtually, or other identified community locations. 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 NHI Staff, shall be arranged by me, my child, and the mentor, and I take full responsibility for such meetings**.

Date Signature