

LENOX ROAD BAPTIST CHURCH - MENTORSHIP PROGRAM
PARENT/GUARDIAN
PERMISSION AND RELEASE FORM

General Information

Child's Name: First _____ M.I. _____ Last _____

Parent or Guardian:

Name: _____

Relationship to Child: _____

Email: _____

Address: _____

Telephone: Home: _____ Cell: _____

Second Parent or Guardian (or Emergency Contact):

Name: _____

Relationship to Child: _____

Email: _____

Address: _____

Telephone: Home: _____ Cell: _____

How did you find out about Lenox Road Baptist Church's (LRBC) Mentoring Program? _____

What expectations do you have for your child and how can the LRBC Mentoring Program help to meet those expectations? _____

Health and Safety Information

Does your child have medical insurance? _____

Medical Insurance Name: _____

Policy Holder's Name: _____ Policy #: _____

Child's Physician or Health Clinic: _____

Physician or Health Clinic Telephone #: _____

Does your child have any medical allergies? _____ If yes, please state: _____

Is your child on any prescription medications? _____ If yes, please state: _____

Please list any physical, mental or health problems we should be aware of? _____

Is there any activity in which your child may not participate in? _____

Getting to Know More About Your Child

How would you describe your child's progress in school? _____

What does your child like to do in his or her free time? _____

What other things would be helpful for the mentor to know about your child or his or her personality to make it easier for a mentor to get acquainted and be a positive help in their life?

Parental Consent and Release

(Please initial each of the following)

_____ I give my consent and permission for my child _____ to participate in Lenox Road Baptist Church's Mentorship Program in the context of a one-on-one Christian mentoring relationship.

_____ In the event that any illness or accident should befall my child while participating in the program, I hereby request and authorize any adult conducting such activity to secure emergency medical treatment at any hospital or by any qualified medical personnel and agree to pay for the same.

_____ I waive all claims against LRBC and its staff members, employees, and volunteers from all liability for injury, accident, illness or death occurring during or by reason of any activity during the mentoring relationship, and for any personal claim for damages to me, my child, family, estate, heirs or assigns of any kind.

Parent/Guardian Signature: _____

Parent/Guardian Signature: _____

Date: _____