



PARENTAL CONSENT FORM

Breaking the Chain Foundation

Bellevue Resource Center ♦ 4415 South Capitol Street, S.W. ♦ Washington, DC 20032

Telephone: 202-373-1822/1823 ♦ Fax: 202-373-1170

I hereby give my child _____, permission to participate in the *Breaking the Chain Foundation Mentoring Program*. I fully understand that my child's school records and personal information will be used by the program, and may be shared with other youth service provider's, as needed, for the purpose of providing additional supportive services to ensure the overall success of my child.

I understand that the goals of *Breaking the Chain Foundation Mentoring Program* are to increase my child's feelings of connectedness to his/her school and family, increase my child's commitment to education and academic performance, reduce the occurrence of delinquent behaviors, and to reduce the initiation of alcohol and/or drug use, and abuse.

I acknowledge that I am allowing my son/daughter to participate in this program at my own initiative, risk, and responsibility. In the case of an emergency, I give permission for *Breaking the Chain Foundation* to procure medical treatment for my son/daughter.

I acknowledge that I may ask questions concerning the program prior to my signing. I acknowledge that to the extent that my son/daughter suffers from any significant medical or psychological condition, I have informed *Breaking the Chain Foundation*. *Breaking the Chain Foundation* hereby agrees to hold all medical or psychological information in the strictest confidentiality.

Parent or Guardian Name: _____

Child's Age: _____

School: _____

Grade: _____

In Case of Emergency Contact:

Name: _____

Relationship to student: _____

Address: _____

Phone: _____

Parent/Guardian Signature: _____ **Date:** _____