



Mentoring Permission Slip

This form should be submitted to mentoring program leader, City on a Hill, before scheduling the activity with youth or parent to request approval for any activity in one of the four categories:

() Overnight Activity () A Private Home () Over 30 Miles Away () Risk (swimming, amusement park, etc.)

Activity Information (Form Mentor to Complete)

Mentor Activity: _____
(Date) (Time) (Location)

Type of Activity: () One-Time Mentor Activity () On-Going Mentor Activity () City on a Hill Group Activity

Describe the Activity: _____

Pick-up: Time : _____ Location: _____ By: _____

Drop-off: Time : _____ Location: _____ By: _____

Other Youth (under 18) and Adults Attending:

Name: _____ Relationship to Mentor: _____

Name: _____ Relationship to Mentor: _____

Name: _____ Relationship to Mentor: _____

Name: _____ Relationship to Mentor: _____

BC on File: () Yes () No

BC on File: () Yes () No

BC on File: () Yes () No

BC on File: () Yes () No

For COAH Use: Signature: _____ Date: _____

Notes: _____

PARENT PERMISSION (For Parent to Complete)

Youth's Full Name: _____ Birth date: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone #: _____ Alternate #: _____

In case of emergency, please call: _____ at (____) - _____ Relationship: _____

List below any physical, mental, or emotional problems of your child _____

List any medications, foods or substances which he/she are allergic: _____

List any activities that your child may **NOT** participate in with City on a Hill or its representatives: _____

Parental Permission and Release

As a parent or legal guardian of (print child's full name) _____

I give permission for him/her to participate in the activities described above and for my child to ride in a vehicle of a staff member or volunteer of City on a Hill. I acknowledge by my signature below my child's voluntary participation in the activities and give permission for their photograph/video image to be included in promotional materials used by the organization. I understand that City on a Hill's goal is to improve the lives of children and families in central city neighborhoods by providing holistic services based on Christian principles and values. I support their purpose and agree that my child is expected to honor the authority of the staff and those in leadership during their participation in program services and activities.

Medical

In case of an emergency, I give City on a Hill representatives permission to render first aid and/or seek treatment for my child in a medical care facility; I give the medical care provider permission to administer the necessary treatment and I accept full financial responsibility for any services rendered.

Hold Harmless

I hereby acknowledge the ordinary risks incidental to the nature of the programs and activities in which my child participate, including risks that are unforeseeable. I agree by my signature below that I will hold harmless and indemnify City on a Hill, its directors, employees, agents and/or associates from any and all liability. I will be responsible for any damage or loss to physical property or expenses incurred due to negligent or irresponsible behavior on the part of my child.

Parent Signature _____ Date _____

Parent Name (printed): _____

