



## Parent/Guardian Agreement

I understand that by signing this form I am agreeing that my child will be participating in the TeenWorks youth mentoring program. I understand that all mentors are screened, trained, and will be provided with my child's information that I have provided. I further understand that I am agreeing to allow my child to build a relationship with the mentor that will entail one on one personal time with my child. In this however, I agree that it is important for me to feel comfortable with my child's mentor and that I will at contact TeenWorks immediately should I have any concerns.

By allowing my child to participate in TeenWorks I am agreeing to the following guidelines:

- I will make certain, to the best of my ability, that my child will keep all scheduled meeting times.
- I will do my best to have my child contact his or her mentor should (s)he have to cancel a scheduled meeting time.
- I will stay connected to my child's mentor and meet occasionally with him or her.
- I will immediately notify TeenWorks with any concerns regarding the mentor, the child and/or the program.
- I understand that the role of the mentor is not: a parent, a counselor, a teacher, or a babysitter, rather they are strictly a friend.
- I agree to respect the friendship that develops between your child and his or her mentor.
- I agree that I will respect and recognize cultural, economic, religious, and social differences that may exist between you and your child's mentor.

In signing this I agree to all the above:

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Parent/Guardian Signature

Date

Parent/Guardian Print Name \_\_\_\_\_

## Photo Release Form

TeenWorks may choose to take pictures or videotape participants involved with TeenWorks activities. These images may be used for TeenWorks displays, brochures, newsletters, archives, news releases, publicity and/or websites.

By signing below, I hereby grant permission for TeenWorks to take and reproduce photographs and videotapes for publication, including publication by news sources and other sources for all educational, trade and other purposes as determined by TeenWorks.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Print Name

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## Medical Authorization

I hereby give my consent to have the below signed participant treated by a physician or surgeon in case of sudden illness or injury while participating in the TeenWorks Youth Mentoring Program. It is understood that TeenWorks, and its representatives, staff, workers, mentors, and any/or all sponsors, provide no medical insurance for such treatment, and that the cost thereof will be at my expense. If a personal physician is listed below, every effort will be made to contact such physician. However, the location of the program or the nature of the illness or injury may require the use of emergency medical personnel.

Youth's Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
SSN#: \_\_\_\_\_

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Please list any known medical issues: \_\_\_\_\_  
\_\_\_\_\_

Please list any known allergies: \_\_\_\_\_  
\_\_\_\_\_

Please list all medications: \_\_\_\_\_  
\_\_\_\_\_

Please list any allergies to medications: \_\_\_\_\_  
\_\_\_\_\_

Please list any physical restrictions: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact #'s: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Medical Insurance:

Company Name: \_\_\_\_\_ ID#: \_\_\_\_\_

Group#: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### Authorization to Participate and Exchange Information

I, \_\_\_\_\_, \_\_\_\_\_ give permission for  
(parent/guardian name) (relationship)  
\_\_\_\_\_ to participate in the TeenWorks Youth Mentoring Program.  
(youth's name)

I further authorize TeenWorks, as well as individuals on behalf of TeenWorks, including the mentor involved with my child, to request my teen's emergency card from his/her school.

Additionally, I give permission for TeenWorks, as well as individuals involved with TeenWorks, to interact with personnel at my teen's school, and other pertinent agencies, in regards to his/her progress. Information provided can only be relevant to my teen's progress and collaboration for mentoring success.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_\_

Zip Code \_\_\_\_\_

Contact Number: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Send to:

TeenWorks Mentoring  
PO Box 3802  
Sonora CA 95370

OR Email as an attachment to:  
info@twmentoring.com