



### Parental Consent for Mission Ambassadors

This form is mandatory for all Mission Ambassadors under the age of 18 to be completed with their parents. This is a sensitive issue and we are committed that everyone that participates at any level has the agreement and permission of their parents/Guardians. Parents/guardians are required to complete this form in order for their child to participate in the activity stated on the form. Completed forms are to be returned to the individual stated on the form. This form is to be retained by the Volunteer Coordinator for two years.

**ACTIVITY INFORMATION** (To Be Completed By the Volunteer Coordinator)

Activity Type:  Event  Speaking  Phone Calls  Office

Description of Activity: \_\_\_\_\_ Activity Cost: \_\_\_\_\_ Transportation: \_\_\_\_\_

Activity Start and End Date(s): \_\_\_\_\_ Activity Location: \_\_\_\_\_

Departure Time and Location: \_\_\_\_\_ Return Time and Location: \_\_\_\_\_

Volunteer Leader: \_\_\_\_\_ Adult-In-Charge: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

Additional Information: \_\_\_\_\_

Complete the Parent/Guardian Permission Statement below and return to: \_\_\_\_\_ by: \_\_\_\_\_  
(Name) (Due Date)

Note: All activities must be conducted in accordance with Paving the Way Foundation, Inc.'s policies, standards, and guidelines regarding safety and adult supervision.

**PARENT/GUARDIAN PERMISSION STATEMENT** (To Be Completed By the Parent/Guardian)

Name of Child: \_\_\_\_\_ Description of Activity: \_\_\_\_\_

**CONTACT INFORMATION DURING THE ACTIVITY**

Parent/Guardian: \_\_\_\_\_ Parent/Guardian: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_ Phone 2: \_\_\_\_\_

E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_ E-mail: \_\_\_\_\_

I understand that I am responsible for ensuring that my child is prepared to participate in this activity as determined with the Volunteer Coordinator. This may include, but is not limited to attending any preparation meetings or conference calls. I also understand that I am responsible for ensuring that my child behaves appropriately during this activity. I further understand that, if in the opinion of the leader or adult-in-charge, my child is not behaving appropriately, I may be asked to pick-up my child early from the activity at my own expense, and that it is at the leader's discretion whether or not my child continues as a MA.  Yes  No

I understand that my child may not participate in this activity if she appears to be ill. I further understand that if my child appears to be ill when she arrives at the activity or become ill during the activity, I will be asked to pick-up my child early from the activity at my own expense. The adult with them will do their best to ensure their comfort while waiting  Yes  No

I understand that I must provide written permission for the first-aider to witness any medication that my child may need. I understand that this written permission must include the name of the medication, the dosage, times and dates to be administered, and the reason for the medication. I understand that I must sign and date this written permission and give it to the first-aider, along with the medication which must be in the original container:  Yes  No

When participating in Mission Ambassador activities, my child may be photographed for print, videotaped, or electronically imaged. Images may be used in promotional materials, news releases, and other published formats for Paving the Way Foundation, Inc. The images will be the sole property of Paving The Way Foundation, Inc.:  Yes  No

For Sensitive Issue Activities Only: I understand that during this activity, my child will be exposed to issues and discussions that are, or could be, considered to be of a sensitive or controversial nature. I understand that I am responsible for communicating to the leader and adult-in-charge about any needs that my child may have in regards to this activity. I am confident of her maturity and ability to participate:  Yes  No

My child is a Mission Ambassador, and I give permission to participate in the activities described above:  Yes  No

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