

## **Parental Consent**

My child, \_\_\_\_\_ (print full name), has my permission to volunteer as a member of the NC Child Youth Advocacy Council.

Initials: \_\_\_\_\_

I understand that my child will be participating in activities that may involve evening and weekend work. I realize that my child is responsible for arranging transportation to and from regular events at the office and in the community. I understand and give permission for adult NC Child staff to transport my child when possible.

Initials: \_\_\_\_\_

I give permission for NC Child to use photographs, videotapes, audiotapes and basic information about my child to illustrate its programs and services without providing compensation.

Initials: \_\_\_\_\_

I give permission to NC Child staff to seek medical treatment for my child in the event of an emergency.

Initials: \_\_\_\_\_

I understand it is my responsibility to provide information about any special needs that my child may have. This should include all relevant medical conditions my child has as well as special dietary needs and medications he/she is taking.

Information:

Initials: \_\_\_\_\_

I understand that I can contact La-Mine Perkins at 919-827-7558 or [lamine@ncchild.org](mailto:lamine@ncchild.org) with any questions or concerns.

Initials: \_\_\_\_\_

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

\_\_\_\_\_  
Date