



PARENT CONSENT FORM

As the parent or legal guardian of _____
(minor's name/age)

I give permission for her/him/they to participate in mentoring with PLS staff:

My child has

(list type of issues you may want us to address).

- ☐ You have my permission to virtually or in-person share mentoring knowledge with my child
- ☐ I confirm that I have read and understand all and accept responsibility on my child's behalf for any disclosures or liability described on this forms.
- ☐ Share with us any other information we need to know about your child _____

Date: _____

Full name of parent or guardian:

Signature of parent or guardian:
