

THE HOPE & HEALING PLACE

HOPE CAMP CONSENT FORM

Names and date of birth of child(ren) to participate in HOPE CAMP:

Name _____ Birthdate _____ Grade in fall _____

Name _____ Birthdate _____ Grade in fall _____

Name _____ Birthdate _____ Grade in fall _____

Your relationship to child(ren): Parent ___ Stepparent ___ Guardian ___ Grandparent ___

Other: _____

Initial:

_____ I am the legal parent or custodian to above-named children.

_____ The permission granted for my child(ren) to participate is based upon legal documentation as primary conservator.

In instances of divorce, it is essential that the legal custodian of the child(ren) grant permission for the services. If you are a divorced parent, a stepparent, a grandparent, a guardian, or other, you may be asked to provide a copy of the court order which names you the legal custodian of the above children.

_____ I give permission to HHP to use photographs, art work and other similar media of myself or my children in support of the mission and services of HHP. This material may be included in the **HHP web site or promotional material.**

_____ I give permission to HHP to use photographs, art work and other similar media of myself or my children in support of the mission and services of HHP. This material may be included in **social media such as Facebook**

I, _____, grant consent for _____ to participate in HOPE CAMP at the Hope Healing Place.

Signature of person authorizing consent

Date

Parent/Guardian Address

Phone

Parent/Guardian Address (if different)

Phone

Emergency Contact info (if parents cannot be contacted):

Name _____ Phone _____ Relation to child _____

Name _____ Phone _____ Relation to child _____

Food allergies: _____