



# MANDELLA

Phone: 250-832-0108 email: [mandella@youthpartners.ca](mailto:mandella@youthpartners.ca)  
451 Shuswap Street SW Salmon Arm, BC V1E 4H9

## Parent/Guardian Permission Form

Please fill in the following Information:

### **Youth Information**

Name of youth: \_\_\_\_\_ Gender: M F  
(First) (Last)

Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_

This is to certify that I, \_\_\_\_\_ (print name of Parent/Legal Guardian) hereby give permission for my child \_\_\_\_\_ (print name of youth) to attend programming and events run by the Mandella program.

### **Contact Information**

Parent/Guardians Name: \_\_\_\_\_ Relationship to Youth: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_ (for the purposes of updating you on Mandella)

Address: \_\_\_\_\_

Parent/Guardians Name: \_\_\_\_\_ Relationship to Youth \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_ (for the purposes of updating you on Mandella)

Address: \_\_\_\_\_

### **Emergency Contact** (In the event that a Parent/Guardian cannot be contacted)

Name and Relationship to youth: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

**PLEASE SEE OVER →**

**Medical Information**

Does your child have any allergies or medical conditions of which program staff/volunteers should be aware?  
\_\_\_ YES \_\_\_ NO

If yes, please explain/list:

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\*\* Please note that Mandella staff/volunteers will not administer any medications to your child. Please ensure that your child is able to administer his/her own medications. \*\*

**Emergency Consent**

In case of serious accident or illness, and I cannot be reached by phone, I authorize the Mandella Staff to send for or seek medical assistance for my child \_\_\_\_\_.

I give consent for my child to receive medical treatment in an emergency. I understand that I am responsible for all costs incurred. Initial: \_\_\_\_\_

**Photo Permission**

I give permission for my child, \_\_\_\_\_, to be photographed or videotaped during a Mandella Program or Event. I understand that these pictures may be displayed on the premises. Initial: \_\_\_\_\_

I understand that these pictures may be used in displays, websites, and/or published. Initial: \_\_\_\_\_

**Field Trip Permission**

I give permission for my child to participate in spontaneous and planned walking field trips with Mandella staff. Initial: \_\_\_\_\_

I give permission for my child to participate in spontaneous and planned driving field trips with Mandella staff. Initial: \_\_\_\_\_

**Photograph (optional)**

We request a recent photo of your child be attached to this permission form, so that, in the unlikely event of an emergency, your child’s contact information kept on this form can be quickly accessed. Should you choose to attach a photo, please attach to the front page of this form.

**Parent/Legal Guardian**

Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**\*PLEASE NOTE THAT PERMISSION FORMS ARE MANDATORY AND MUST BE RECEIVED IN ORDER FOR YOUTH TO PARTICIPATE IN MANDELLA RUN PROGRAMS AND EVENTS. ALL INFORMATION GATHERED IN THIS FORM REMAINS CONFIDENTIAL. COLLECTION OF THIS INFORMATION IS USED ONLY TO ENSURE THE BEST POSSIBLE SAFETY OF YOUR CHILD.**