

PARENT CONSENT FORM TO WORK WITH A MENTOR

(Please print)

Student Name _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____

Cell Phone _____ Other Phone _____

Emergency Contact Person _____

Home Phone _____ Work Phone _____

Cell Phone _____ Other Phone _____

IN CASE OF A MEDICAL EMERGENCY:

Doctor's Name _____ Phone _____

List any allergic reactions _____

Name of insurance carrier and policy number _____

I hereby give permission for my student _____ **student's name**) to work with _____ **(mentor's name)** as a mentor for the Graduation Project. While I expect the school and the mentor to demonstrate reasonable precaution to avoid student injury, I understand that both the mentor and Wake County Public Schools will not be held responsible or otherwise should an accident occur during my student's participation in this activity, and I accept full responsibilities for such injuries. I also authorize emergency medical treatment for my student.

Parent/Guardian Signature _____ **Date** _____

Please make two copies of this form. Give one to the mentor and one to the GP advisor.