

Perfectly Here Mindful Youth Program Parental Consent Form

Parent: Please complete and return this form prior to the first session of the class or retreat, seminar or workshop.

I, (parent / guardian name) _____, give permission for my child (student full name) _____ to participate in the Mindful Youth Program (includes classes, retreats, outings, workshops, seminars & one-on-one sessions) offered by Perfectly Here. My signature evidences that I accept liability for the participation of my child in all activities and hold Perfectly Here, it's principals, staff and teachers harmless.

Should it be necessary for my child to have medical treatment while participating in these classes and a parent cannot be reached, my signature gives Perfectly Here personnel permission to use their judgment in obtaining medical service for my child. I also give permission to the physician to render medical treatment deemed necessary and appropriate. I understand any cost incurred for such treatment shall be my sole responsibility. (initial) _____.

Parents/guardians are invited to sit in the class. Kindly, sit in the back or outside the room silently and refrain from talking or asking questions until after the class. If you have to leave the premises you must be back before the end of the session to pick up your child.

I have read and understand the above and agree to all these conditions.

Signature of Parent/ Guardian: _____ Date: _____

Address: _____

Cell: _____ Home /Work Phone: _____

Emergency Contact (Other than parent) _____ Phone: _____

Drugs/allergies and other medical conditions: _____

Is there anyone NOT authorized to pick up your child? _____

Do we have permission to post pictures that may include your child on promotional material?

Yes _____ No _____

Any other information you think we should have regarding your child?

We reserve the right to refuse a student if their conditions are such that we are unable to manage properly. Thank you.