

SEED & Youthreach

Parental Consent form

I, _____, being the parent/guardian
(Parent/guardian name please print)

of _____, do hereby consent for him/her to participate in the
(Son/daughter's name please print)

SEED/Youthreach Program. I understand that I will be kept informed of the progress of my child and can request updates. I further understand that information concerning my child's participation and progress may be released to the agency that made the initial referral to the SEED/Youthreach program.

Would you consent to your youth's picture being taken, by camera or video to be used on our social media or any promotional material YES NO

Parent/guardian signature

Date (mm/dd/year)

Witness signature

Date (mm/dd/year)

NOTE: The information that is collected by this agency will only be released to the Youth, Parent or Guardian of the Youth, or to a counsellor that is directly involved with the provisions of service. Consent to Release information will be used should any other exchange of information be deemed necessary