

**BBBSHR PARENT PERMISSION**

***I give my permission:***

* For my child to participate in the Big Brothers Big Sisters School Mentoring Program
* For my child’s school to provide social, academic, medical, contact and other information about my child to Big Brothers Big Sisters (e.g., report cards, medical concerns, behavior reports, addresses, attendance records, phone numbers)
* For BBBS to communicate with the school and social services agencies, giving and receiving relevant information to school staff and social services staff concerning my child and family
* For my child to participate in all assessment and evaluation activities and for my child to complete a questionnaire containing questions about school, home life, and personal interests
* For the information provided by myself, my child, my child’s family and other agencies to be shared with discretion to a potential volunteer for my child
* To have my child talk with a Big Brothers Big Sisters staff person on a regular basis to help ensure safety and a quality match

\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian, please initial here