Parental Consent Form for Youth Tutoring Programs

Child's Full Name
Age
Tutoring Program Name
Tutoring Frogram Name
Parent/Guardian Name
Relationship to Child
Contact Number
Contact Number
Email Address
Any Medical Conditions or Allergies
I give permission for my child to participate in the above tutoring program.
In case of emergency, I authorize the program staff to seek necessary medical attention for my child.
Parent/Guardian Signature
1 dioni Guardian dignaturo
Date