



Big Brothers Big Sisters of Livingston County

Site-Based Permission Form

Your child has the opportunity to participate in a Big Brothers Big Sisters Site-Based Mentoring program. In the program a child is “matched” with a volunteer Big Brother or Big Sister. If you would like your child to have this opportunity, please fill out the permission slip below and return it to _____.

Parent/Guardian Name _____ Relationship to Child _____

Child's Full Name _____

Date of Birth _____ Grade _____ Male/Female _____ Race _____

Allergies _____ Medications _____

Address _____
street city state zip

Home Phone _____ Work Phone _____ Cell Phone _____

Email Address _____

School Name Principal Name Teacher Name

By signing below, I agree that:

1) My child will participate in the Big Brothers Big Sisters program; 2) my child will discuss his/her involvement with a Big Brothers Big Sisters staff member; 3) I will not allow my child to have contact with his/her mentor outside the supervised setting; 4) and the school will provide the following information regarding my child: change of address, phone or custody; knowledge of any physical, social or emotional impairment that might impact matching my child; post program survey given to teachers to note any academic, social, or emotional improvements during the duration of the program.

In addition, I give permission (please check):

- For Big Brothers Big Sisters to use my child’s photograph and first name for publicity purposes.
- For the volunteer to bring lunch in for my child on occasion. Restrictions: _____

Please state any volunteer preferences below (e.g. race, gender, etc.):

Parent/Guardian Signature _____ Date _____