



### Parent/Guardian Consent Form

Your permission is required for the participation of your child \_\_\_\_\_, in the Brothers Loving Our Community Mentoring program, which will consist of One On One, Group Sections, Community, Outdoor Activities, Home and School Visits.

By signing this form, I give my informed consent for my child to participate in the Brothers Loving Our Community Mentoring Program.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

This consent will be on file throughout the time that your child attends Brothers Loving Our Community Mentor Program. You may revoke this consent at any time. Please feel free to call me if you have questions or comments. I will be happy to talk with you.

**CEO: Chameika Davall**

*C. Davall*

**Brothers Loving Our Community Mentor Program**