**The Learning Bridge Program Parental Consent**

**Participant’s First and Last Name Participant’s Birth**

 **Date**

**Participant’s School Participant’s Teacher**

**Participant’s Grade Completed Parent’s Phone**

 **Number**

**Parent’s Email Address**

**Medical Information:**

Please provide the following information: *Please circle /list*

 My child:

 DOES/DOES NOT have a food allergy. (List) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES/DOES NOT have a dietary restriction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES/DOES NOT have other allergies \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

He or she MAY/MAY NOT participate in activities.

**Parent Consent Statement:** As the parent/guardian, I certify that my child has my permission to participate in the Learning Bridge program. I understand and also agree that my child will follow the instructions of the Bridgebuilders and will treat other students/adults with courtesy and respect. I also give CHCCS permission to collaborate with the Learning Bridge Program to share general academic performance information that would help inform the work of the Bridgebuilder that is supporting my child.

**Parent’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**