

# Parent/Guardian Consent Letter.

### Directions:

You will need to have permission from a parent or guardian before a young person takes part in this program. The sample text below can help you craft a permission letter to support this process.

Be sure to include brochures and other information about the Mentoring Program so they can make an informed decision.

To the parent or guardian of **<Insert name of young person>**,

**<Insert name of young person>** has been invited to participate in the **<Insert name of organisation>** Mentoring Program, which matches young people with a responsible adult volunteer, who has agreed to take part as a mentor. The mentor's role is that of a guide.

Throughout this program, mentees will meet regularly with their mentors at **<insert agreed upon meeting place and at an agreed upon day and time>**.

The primary role of the mentor is to assist the mentee in achieving **<insert program objectives and goals>** e.g. **their goals in areas such as further education, jobs and careers, positive family and friendship networks, health and well-being, and financial literacy.**

Mentors have been screened to ensure they meet our expectations as an organisation, and they have up to date Working with Children and Australian Police Checks. Additionally, we will be offering ongoing guidance throughout the program to **<insert mentee name here>** to ensure that their relationship with their mentor is a positive one.

Please complete and sign the attached form(s) and return in person or to this email address **<insert email address>**.

If you have any questions, please feel free to contact me.

I look forward to hearing from you.

Sincerely,

[Mentoring Coordinator]



Alcohol  
and Drug  
Foundation



Local Drug Action Team Program

# Parent Consent Form for participation in the

## Mentoring Program

<Insert name of organisation>

(Add or remove items as per your program needs)

Name of young person

Date of birth of young person

Parent/Guardian full name

Address:

Telephone

Mobile

Email address

Does your child suffer from any medical conditions/allergies that the program should be aware of (including any current medication)?

Please provide details of medication that must be administered:

EMERGENCY CONTACT DETAILS (additional to the above contact):

Name

Telephone

Relationship to child

## CONSENT\* (please read carefully)

1. I give permission for <insert young person's name>

to participate as a 'mentee', as part of the mentoring program being run by <insert name of organisation>.

2. I confirm to the best of my knowledge that <insert name of young person>

does not suffer from any medical condition other than those listed above.

3. I understand that <insert name of mentoring program>

activities are based on a mentoring program model and that <insert name of young person>

will be meeting regularly with an assigned mentor.

4. I give permission for <insert young person's name>

to be invited to take part in an evaluation in relation to their experiences with this program.

5. I agree to <insert name of young person>

being included in photographs as part of this program.

6. I consent to <insert name of young person>

travelling by public or other transport, as organised by the

<insert name of organisation> program >

program team, to activities and meetings as part of the program.

\*Note: items 1-3 are compulsory in order for the young person to participate in the program as a mentee

Please note, <insert name of young person>

can withdraw from the program/stop seeing their mentor at any time, even if you have provided full consent for their participation

Signed:

Name (Parent/Guardian):

Date: