



Taos Alive

Youth Empowerment Services

Parent/Guardian Permission Slip

Student Information	
Student First/Last Name: _____	
DOB: _____	
Parent/Guardian Information	
Name: _____	Name: _____
Contact Number: _____	Contact Number: _____
Email: _____	Email: _____
Is it okay to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is it okay to leave a message? <input type="checkbox"/> Yes <input type="checkbox"/> No

Permission to Participate:

I give permission to Taos Alive program staff to access student school schedule, parent/guardian contact information, grades and daily attendance for the purpose of participating in our programs and other activities.

Mentors will coordinate with the student to increase opportunities that will overall promote positive outcomes and leadership by connecting student to jobs, activities, sports/clubs and weekly one to one mentoring services for the participating student while at school to focus on developing strengths that will promote successful futures. I understand that Taos Alive program staff may contact me to verify program participation and any changes that may take place.

By signing below, I _____, as the legal guardian,
(parent/guardian name)

give _____, permission to participate in Taos Alive
Programs.
(participant name)

Signature _____ Date _____

Media Consent Form

Participant Name: _____

School: _____

Grade: _____

I _____ hereby grant **Taos Alive** the right and permission
(parent/guardian name)

to use photos, audio or videotapes of my

Child _____ for any legal use such as publishing or media
post.
(participant name)