



Parental Consent Form

Parent/Guardian:

Your child has an opportunity to participate in the Stable Moments® program. We have volunteer mentors that give their time to serve the children. Your child's mentor will only visit with him/her on-site during Stable Moments® scheduled sessions and will spend time with him/her and a special horse/animal.

Your signature indicates your permission for your child to: (1) participate in the Stable Moments® program (2) for contact and other pertinent information, including but not limited to; history, challenges, strengths and interests to be distributed to the volunteer mentor and (3) to use your child's photograph and first name for the purpose of publicity efforts. Note special photography requirements here: (i.e hands only) _____

All information listed below is confidential and will only be seen by the Stable Moments® program coordinator and the child's volunteer mentor.

Child's Name: _____

Date of Birth: _____ Gender: _____

Address: _____ City _____ Zip: _____

Present Grade: _____ School: _____

Parent/Guardian Name (s): _____

Parent/Guardian Contact #: _____

Emergency Contact and Phone #: _____

Parent/Guardian Signature: _____ Date: _____