WINNEBAGO AREA LITERACY COUNCIL

Strengthening Our Community

Peer Mentoring Program

FOR OFFICE USE ONLY:

☐ Mentor ☐ Mentee

Date Entered: ____/____/____

STUDENT'S INFORMATION:

Full Name :

Nationalization # : Date Of Birth :

Address :

City : State : Wisconsin Zipcode :

Phone : Email :

PARENT(S) / LEGAL GUARDIAN'S INFORMATION:

Parent/Guardian :

Phone : Email :

MEDICAL INFORMATION:

Does your child have any allergies or are there any other medical information we need to be aware of?

Yes : If yes, please explain: No :

EMERGENCY CONTACT

Name : Relationship :

Phone : Email :

Address :

I do hereby acknowledge, consent and agree to all of the follow terms and conditions:

1) I declare and represent that I am the Parent or Legal Guardian of the Child (listed above).

2) I, being the Parent/Legal Guardian of the child named above, do hereby consent to the participation of my child in all of the scheduled activities provided by Winnebago Area Literacy Council and the Peer Mentoring Program.

Medical Treatment Authorization

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I authorize the calling of a doctor and providing necessary medical services in the event that my child is injured or becomes ill.

Parent/Legal Guardian Signature

Date