



PARENT INFORMED CONSENT FORM

Child's name: _____

Date of Birth: _____

As the child's parent, I give consent for my child to be in Building Lives counseling or training, stating that he or she was duly informed about the conditions of the practice.

The accompaniment takes place once a week. The father or mother will schedule the appointment on our website building-live.org. The service is provided by donations. If you cannot attend the scheduled appointment, you must notify us by email 24. hours before to info@building-lives.org, the father or mother must be present during the time with the child, due to the demand of people for the service.

I _____ give my permission to:

- ☐ The actions recommended above.
- ☐ Authorization of the image rights of photographs or videos taken for dissemination on social networks, the web and other international publications.

Signature of parent or guardian

Name of parent or guardian

Date



407 946 1585

info@building-lives.org