



Kinship

Kinship Partners Inc.

Return this form to the following Kinship Partners, Inc., office:

Brainerd/Crosby Office
910 Pine Street
PO Box 642
Brainerd, MN 56401
218-829-4606
877-730-5437

Lake Country Office
4325 W. Woodman St.
PO Box 754
Pequot Lakes, MN 56472
218-829-4606
877-730-5437

PARENT/GUARDIAN INFORMATION FORM

Please answer all of the questions to the best of your ability.

The success of the Kinship Partners' program depends on the support of the parent.

Child's Name: _____ DOB: _____
First Middle Last

Parent/Guardian Name: _____
First Last

Address: _____
Street City/State Zip

Home Phone: _____ Cell Phone: _____

Email Address: _____

Place of Employment: _____ Work Phone: _____

Can you be contacted at work: Y or N Best Time: _____

Child's School: _____ Grade: _____

Please check () Married () Divorced () Separated () Widowed () Cohabiting () Single

Spouse's or Significant Other's Name: _____

Please list names and ages of other in household:

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

I, _____ Parent/Guardian (*circle one*)
of _____ Child's Name, understand
the nature of the Kinship Partners program and want my child to participate in it. In
order to allow my child to participate, I agree to the following provisions:

1. I consent to this child's participation in the Kinship Partners program and give *him/her* my permission to participate.
2. I will support this child's relationship with the Adult Partner. Should I need to discipline my child, the discipline will not automatically include denial of contact with the Adult Partner.
3. I give consent for the Adult Partner to obtain appropriate emergency medical or dental attention for *him/her*, if such attention is required while I am unavailable for contact at the numbers listed.
4. I give permission for Kinship Partners or their representative to share and access information with other agencies and professional persons working with this youth as long as the child is enrolled in the program.
5. I give my consent for the Adult Partner or a Kinship Partners' representative to share information regarding the progress and status of the partnership with the referral agency and other agencies as long as the child is enrolled in the program.

I understand that my child will be participating in various one-to-one activities with an Adult Partner and that my child will be under the Adult Partner's supervision during those activities. In that every effort is made by volunteers involved in Kinship Partners to provide for reasonable care, protection and supervision of the children participating in the program, I release the volunteer(s) and the Kinship Partners' Program from liability for incidents occurring while my child is participating in, going to or returning from Kinship Partners' outings.

Parent/Guardian Name

Child's Name

Signature of Parent/Guardian

Date

*Kinship Partners does not discriminate for reasons of race,
religion, national origin, gender, or sexual orientation.
Final approval for all matches is given by the parent/guardian of the child.*