



Minor Youth Parental Consent Form (Children under 16)

EMPLOYER

Name of Employer: _____

Address: _____

Phone: _____

Cell: _____

Email: _____

Contact Person: _____

PARENT OR GUARDIAN RESPONSIBLE FOR YOUTH

Given Name/s: _____

Family Name: _____

Relationship to Youth: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell: _____

Email: _____

EMERGENCY CONTACT PERSON (Please provide details of another person who may be contacted by the youth or the youth's employer if the youth's parent or guardian cannot be contacted)

Given Name/s: _____

Family Name: _____

Relationship to Youth: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell: _____

Email: _____

YOUTH'S INFORMATION

Given Name/s: _____

Family Name: _____

Address (if different than listed above): _____

Date of Birth: ____ / ____ / ____ Grade: _____

Home Phone: _____

Cell: _____

Email: _____

Please state the hours (i.e. the starting and finishing times) the child is required to attend school.

Mon _____ Tues _____ Wed _____ Thurs _____ Friday _____

I (full name of parent) _____

Give my permission for (full name of youth) _____

To work for (name of employer) _____

Signature: _____

Date: _____