



Authorization Form

EXCHANGE OF INFORMATION

I, _____, Parent/Guardian of _____
Name of Parent/Guardian Name of Child

authorize the staff of Big Brothers Big Sisters to exchange information between the mentor, parent/guardian, and child.

RELEASE OF SCHOOL INFORMATION

I, _____, Parent/Guardian of _____
Name of Parent/Guardian Name of Child

authorize _____ to exchange information between the mentor,
Name of School

parent/guardian, child and BBBS. While visiting my child at school the representative has permission to receive all information concerning the well being and academic condition of my child. BBBS is also authorized to request and obtain by mail or fax my child's academic attendance and behavior reports.

*

RELEASE OF MEDICAL/COUNSELING INFORMATION

I, _____, Parent/Guardian of _____
Name of Parent/Guardian Name of Child

authorize _____ and/or _____
Name of Physician Name of counselor

to exchange information with Big Brothers Big Sisters.

*

PHOTO/MEDIA RELEASE CONSENT

I, _____, Parent/Guardian of _____
Name of Parent/Guardian Name of Child

Do hereby consent to and authorize Big Brothers Big Sisters, or anyone authorized by Big Brothers Big Sisters, to the taking of pictures of my child by film or television camera, and to use said picture(s) for display or advertising purposes now or at any time in the future.

Signature of Parent/Guardian

Date