



HEALTHY MENTORING MATTERS ~ REFERRAL FORM

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Referring Agency: _____

Contact Person: _____ Phone: _____

Participant's Name _____ Grade _____ Date of Birth _____ Telephone _____

Address _____ City _____ State _____ Zip Code _____

Parent/Legal Guardian's Name _____ Home Phone _____ Work Telephone _____

Address _____ City _____ State _____ Zip Code _____

PARENT/LEGAL GUARDIAN RELEASE

I, _____, grant permission for _____ to participate in all activities and trips provided by the *Healthy Mentoring Matters ~Mentoring Children of Prisoners* which is sponsored by the *Institute for Interactive Instruction, Inc.*

I understand the *Healthy Mentoring Matters ~Mentoring Children of Prisoners* may utilize any photographs taken during *Healthy Mentoring Matters* programming and materials, brochures, or other publications pertaining to the program.

I release the *Healthy Mentoring Matters*, its employees, officers, directors, agents and contractors from any and all liabilities pertaining to accidents, injuries or complications resulting from activities while transporting participants to activities. I also authorized *Healthy Mentoring Matters* staff or volunteer mentor to transport the above named participant to the nearest hospital in case of injury, and for the hospital personnel to administer necessary emergency medical care.

Parent/Legal Guardian's Signature

Date

Equal Opportunity Employer

*Mentoring Matters~ Mentoring Children of Incarcerated Parents~ Intake Form 5/06
Institute for Interactive Instruction, Inc.*