

*Life Long Mentoring Services
310 E 38th St, Ste 227
Minneapolis, MN 55409
(612-821-2394) Fax (612-821-2386)*

Permission Slip

Life Long Mentoring Services will be having fundraisers and we will go on field trips during the time your child is in our program. We ask for your permission for your child (ren) to participate in the activities with their Life Skills Worker (mentors).

I, _____ give permission to let my
(Parent Signature)

Child(ren) _____, participate
(Child's Name)
in taking part in activities with Life Long Mentoring Services Staff.

If you do not wish for your child (ren) to attend any of the activities or fundraisers please sign below.

(Parent Signature)

Thank You.

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Media Release Form

Dear Parents or Guardian:

Throughout the year, the media may visit Life Long Mentoring Services to cover special events. Life Long Mentoring Services may also wish to use your child's photograph, voice or child work for promotional reasons, such as in publications, poster, brochures, and newsletters; on the agency website, radio station or cable TV channel; or at community fairs. Because of state law, our agency must obtain your permission before you child's photograph or voice can be used by the media or by the agency. Please sign and return the bottom part of this page stating whether the agency and the media have permission to use your child's photograph, voice for promotional purposes. Thank you for your cooperation.

I give my permission for _____

Client's name (please Print)

to be filmed/photographed/work/interviewed by the media during visits with mentor, events, or for the agency to use my child's photograph/work/voice for promotional purposes.

Parent/Guardian signature

Date

I do not give permission

Parent/Guardian signature

Date

Life Long Mentoring Services, Inc.
310 East 38th Street, Ste 227
Minneapolis, MN 55409
Ph: 612-821-2394 Fax: 612-821-2386

CLIENTS RIGHTS AND RESPONSIBILITIES

The philosophy of Life Long Mentoring Services is based on recognition of human dignity and respect for the individual. Therefore, we are dedicated to the protection of the rights of individuals using our services, and promise to uphold these rights.

YOUR RIGHTS AS A CLIENT OF LIFE LONG MENTORING SERVICES ARE:

- To be treated with respect, courtesy and professional competence.
- To receive services that is appropriate for your language preference.
- To ask questions at any time, and to expect direct honest answers.
- To understand and to assist in setting goals, methods, and expected time limits of the services you are receiving.
- To review your record, if desired.
- To meet with the agency director if you are not satisfied with the way your concerns are handled.
- To be aware that Life Long Mentoring receives funds from government agencies and private foundations which require statistics such as number of clients served, place of residence, and income level. **Names of clients are not reported.**
- To be informed that if you are a minor (under 18) you have legal right to request that information about you not be reported to parents. This request must be in writing.
- To refuse to give any information at any time, understanding that doing so may affect the ability of Life Long Mentoring Service staff to serve you.

YOUR RESPONSIBILITY TO LIFE LONG MENTORING SERVICES ARE:

- To keep appointments and to notify Life Long Mentoring Services as soon as possible if you are unable to do so.
- To be an active participant contributing you ideas and questions.
- To let you worker know if you are dissatisfied with the services you are receiving.
- To arrive at Life Long Mentoring Services for appointments free from the influence of any mood altering chemicals.
- To leave Life Long Mentoring Services at the request of the person in charge or you advocate if you are under the influence of any mood altering chemicals. This for your safety and the safety of others.

I HAVE READ OR MY ADVOCATE HAS EXPLAINED TO ME MY RIGHTS AND RESPONSIBILITIES AS A LIFE LONG MENTORING CLIENT.

Client Signature

Date

LIFE LONG MENTORING SERVICES, INC.
 310 EAST 38TH STREET
 MINNEAPOLIS, MN 55404
 PH: 612-821-2394 FAX: 612-821-2386

CONSENT TO RELEASE INFORMATION

I, _____, authorize Life Long Mentoring Services
 (Participant Name)

to exchange verbal and written information with:

 (Name of organization or person to release the information) (Relationship)

 (Address) (City, State, Zip Code)

 (Phone Number) (Fax Number)

Regarding: _____
 (Child's Name) (SSN) (DOB)

Information to be released: *(Check all that apply)*

Goals and Progress Notes	Yes	No
Medical/Mental Health History	Yes	No
Family History Information	Yes	No
School Information	Yes	No
Assessments/Evaluations	Yes	No
Recommendations	Yes	No
Treatment Planning	Yes	No
Termination Summary	Yes	No
Psychological Testing	Yes	No
Medication History	Yes	No
Phone Consultation	Yes	No
Other (specify)	Yes	No

The purpose for this information is to facilitate and coordinate services with the above named provider.

I understand that I have legal rights and that the information about me or my family is protected by federal and state laws and cannot be disclosed without my consent or otherwise permitted by the regulations. I understand that this release is effective for 12 months after the date it is signed. I understand that I may cancel this consent at any time by providing written notice to Life Long Mentoring Services. Cancellation will take effect when the written notice is received. My signature also means that I have read and understand this form and/or have had it read to me.

 Participant Signature Date

 LLMS Staff Signature Date