DYNAMIC
HEALTHCARE

I, _____, hereby authorize _____to actively
Parent / Guardian Name Child's Name
participate in Dynamic Mentoring Group.

I understand that my child's will be participating in individual mentoring that will have two contacts a month. One in-person (depending on family) and the other via telephone or video call. The visits will focus on addressing current local and global climate to include; CoronaVirus, Black Lives Matter (protests), School/ Learning, and mental health needs. We will also host activities to include: physical activities: arts and crafts, possible board game, nature walks, food and music for entertainment purposes.Please note that all of the aforementioned activities will follow Social Distancing Guidelines. These activities will be planned within a week's duration and based upon age appropriation and social distancing requirements.

I understand that my child's information will remain confidential and all identifying information will be withheld by Dynamic Health Care's Team only. Participation is completely voluntary and you may decline these services at any time. There will be no financial costs to me for my participation in these services. If there should be any questions and/or concerns about these services, all aforementioned should be directed to the supervising faculty at Dynamic Health Care, LLC.

I have read and fully understand the consent form. I sign it freely and voluntarily. I have been provided with a copy.

Date: _____

Signature: _____ Printed Name:_____

Summer Mentoring Informed Consent Statement
Informed Consent Statement
(For mentoring)

I, _____, acknowledge that mentoring is an activity that involves _____ being open, honest, and willing to participate with others as he or she strives to reach personal goals. I may experience negative, as well as positive, feelings in this process. I am entering this relationship voluntarily and pledge to work hard in the group in collaboration with the group leader(s) and other members.

_____ _____
Parent signature Date

_____ _____

DHC representative signature Date