



Solano Youth Voices

A partner of the Children's
Network of Solano County

Rising Leaders Training Youth Permission Form

Dear Care Provider,

The following Solano Youth Voices' Rising Youth Leaders trainings are scheduled for 10-14 year old Solano County youth to learn leadership skills and work alongside youth Council Members:

- September 27th: **Self Confidence**
- October 25th: **Body Language**
- November 29th, **Creating Groups**
- December 20th, **Dealing with Stress**

I give permission to Solano Youth Voices to take videos and photos of my child to use for any social media outlet, newsletter, and other media uses. _____ Initial

If your youth will participate, please sign and return the bottom portion of this permission form.

Location: **1545 N. Texas St. Suite 100, Fairfield CA 94533**

Time: **4:30pm to 6:00pm**

Dinner will be provided

Special Instructions: **Please RSVP to the Youth Leadership Coordinator, Alyssum Maguire**

If you have any questions or concerns please call or text 530-520-1676, or email amaguire@childnet.org
Save this part of the form for future reference.

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*Sign this part of the form and return it to the First Place for Youth Independent Living Skills Program
Located at 1545 N. Texas St., Suite 100, Fairfield CA 94533.*

_____ has permission to attend the following Rising Leaders training at 1545 N Texas St. Ste 100, Fairfield CA 94533 from 4:30pm to 6:00pm, with Solano Youth Voices on the following date(s) *mark the dates you give permission for:*

- September 27th: Self Confidence
- October 25th: Body Language
- November 29th, Creating Groups
- December 20th, Dealing with Stress

Please provide youth's current **Social Worker/Probation Officer's name** and contact phone number:

Name: _____ Phone Number: (____) _____

Consent for medical treatment:

I give my permission for _____ to receive emergency medical treatment.
(Youth's Name)

My youth has the following medical conditions / food allergies: _____

In the event of an emergency, please contact:

1. Name: _____ Phone #: _____
2. Name: _____ Phone #: _____

Caregiver / Self Printed Name: _____ Phone #: _____

Caregiver / Self Signature: _____ Date: _____