



# 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:

- January 31st: Drafting Policies
- February 28th: Budgeting
- March 28th: Creating a Survey
- April 18th: Research
- May 30th: Evaluating Your Goals

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](mailto:amaguire@childnet.org)**  
*Save this part of the form for future reference.*

Cut here-----

*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.*

I give permission to Solano Youth Voices to take videos and photos of your child to use for any social media outlet, newsletter, newspaper articles or video documentaries  
\_\_\_\_\_ Initial

\_\_\_\_\_ 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:*

- January 31st: Drafting Policies**
- February 28th: Budgeting**
- March 28th: Creating a Survey**
- April 18th: Research**
- May 30th: Evaluating Your Goals**

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: \_\_\_\_\_

