Permission To Participate Youth Consent Form (Ages 13-17)

Name of Youth: _____Birth Date: _____Age: _____

Contact: _____ Email: _____

Name of Parent(s) or Guardian(s): _____

Parent(s) Email: _____

Parent(s) Contact: _____ Best Time To Call:_____

Other person and/or number to call in emergency: _____

I, _____ hereby consent to my child, _____ participating in Focused On Kingdom Purpose Ministries monthly youth transformation conversations, fellowships and activities, which supports the discovery and fulfillment of their purpose.

I, _____ hereby consent to my child, _____ reaching out to FOKP Ministries leaders for further support when needed.

Please initial **ALL** statements below:

_____ I will contact FOKP Ministries if I wish to revoke my consent to participate.

_____ I understand I will be notified in the case of an emergency and/or if my child discloses information involving intent to harm self or others.

_____ I understand that FOKP Ministries can evangelize, equip, empower, and encourage my child.

_____ I understand my child can reach out for further support, when needed, from FOKP Ministries.

_____ I have received and reviewed the calendar of yearly topics that will be discussed.

_____ I understand FOKP Ministries serves as additional support and not a replacement to other supports.

_____ I understand FOKP Ministries leaders are not licensed counselors but can give wise counsel.

_____ I understand, as the parent/guardian, I can reach out to FOKP Ministries and request support for my child.

Parent(s) Signature: _____ Date: _____

Please email form to stayfocused@fokpministries.org, Thanks