**SCHOOL MINISTRIES of TRUMBULL COUNTY**

**4997 MAHONING AVE. NW**

**WARREN, OH 44483**

**Parent Consent Form**

**RETURN THIS PAGE TO ADDRESS ABOVE**

**Our Mission:**To present the Bible to students in a way to Engage, Encourage, Equip, and empower them to become exemplary citizens of our community.

Nearby Location Information: Students at their School may attend BREAKTIME Bible Class, if this parent permission is signed and returned. Program participation may be limited by available transportation space. Classes will be one day per week for approximately one hour during time agreed upon with school administration. Participating students will travel to a close off school campus location for classes. Feel free to contact the Program Leaders for more details.

Program Leaders: MIKE JONES,  Phone: 330-246-0805,  Email: coachmikejones44@gmail.com

                                JASON DITTMER,  Phone: 234-817-1621,  Email: f6tornado@aol.com

   Official email address : tcbreaktime@gmail.com

**Consent Form**

I, the undersigned parent/guardian of the student listed below, give permission for the student to attend the Released Time Bible Education program of School Ministries of Trumbull County (referred to as Breaktime). Students are responsible for any school assignments missed during released time classes. I may revoke consent for my student to attend the program at any time; and the program may remove any student from the program for disciplinary issues or for being disruptive. I understand that volunteers and program administrators are trained to report child abuse and neglect and concerns about self-harm.

At times, video or photos may be taken during class or special events for promotion of the School Ministries of Trumbull County program. I give consent or do not consent to School Ministries of Trumbull County to use photos of my son/daughter.  See below.

Breaktime is affiliated School Ministries.org, School Ministries Ohio.org, and Released Time.org.

I ask my student’s school to provide a copy of my student’s emergency medical card to School Ministries of Trumbull County, so that information is readily available in case of an emergency. I understand this parent consent is valid for the current school year or until revoked by me. I affirm that I am the parent or legal guardian of the student listed and I have legal authority to provide this consent, also any pertinent medical information regarding, diabetic concerns, epilepsy, food allergies, the need to carry an inhaler for asthma, or an EpiPen for anaphylaxis reactions, or other medical issues, please provide on the back of this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_              \_\_\_\_\_\_\_\_\_\_

Printed Name of Parent/Guardian                             Printed Name of Student                               Grade

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian                                      Date

Parent phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_            Parent email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I do consent to allow photos \_\_\_\_\_\_\_.  I do not consent to photos \_\_\_\_\_\_\_.  Please Initial.

Allergies or other information that program volunteers should know about your student:

**Primary Contact Secondary Contact**

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Ph#\_\_\_\_\_\_\_\_\_\_\_\_\_\_**