

**Our Lady of Victory Parish Peer Leadership Team
Parental Consent Form**

Please complete all of the information below.

Parents' Names: _____

Mailing Address: _____

Best Phone Number(s) to Reach You at: _____

Email Address: _____

Emergency Contact Person: _____

Relationship to Student: _____

Phone Number(s): _____

In order to help us get to know your son/daughter better, please answer the following questions as best you can. Thank you in advance for your time and for supporting your son/daughter in his/her desire to be a peer leader!

1. Why do you feel that your son/daughter wants to be a part of the Peer Ministry Team?

2. Please list and describe one strength your son/daughter possesses and one area you hope participation in the Peer Leadership Team will help him/her to continue to grow.

3. In light of all the other demands placed on your son/daughter's time, why do you feel that he/she will be able to participate fully in the Peer Leadership Team in addition to all his/her other activities and obligations? How will you support your son/daughter in his/her participation in peer ministry?

4. Please describe a choice you witnessed your son/daughter make or an incident he/she was involved in in which his/her faith influenced his/her decision or course of action.

5. Is there anything else that you feel we should know about your son/daughter? Do you have any questions about the Peer Leadership Team that you would like answered?

6. So that we can best meet the needs of your son/daughter and respond in the event of an emergency, please list any allergies, disabilities, medical conditions, and medications that he/she may have. This information will be held strictly confidential.

I/We give consent for my/our child to attend and participate in Our Lady of Victory Parish's Peer Leadership Team events.

Signature(s): _____

Date: _____