

**Daaya Inc**  
**355 N Emerson Rd**  
**Lexington,MA,02420**

## Community Service Parent Consent Form

Student's Name:	Grade:
Service Site Name:	
Service Site Address:	
Service Site Telephone Number:	
Start Time:	End Time:

### *Parent's Release*

As the parent/legal guardian of the student named above, I hereby give permission for my son/daughter to take part in the Community Service Program at the site indicated above.

I understand that my child will travel to and from the community service site unaccompanied.

I agree not to hold Daaya Inc or any of its employees responsible for any expenses of injuries that my child may incur while engaged in program activities, including travel to and from community service sites.

I understand that my child is responsible for his/her behavior at all times and that my child may be sent home unaccompanied at my expense, if he/she exhibits inappropriate behavior.

I agree that in the event of any injury, the supervisor in charge of the program may act on my behalf in obtaining medical treatment for my child. I have indicated at the bottom of this form any permanent or temporary condition which should be known about my child.

In an emergency, I may be reached at:

Daytime Phone Number: \_\_\_\_\_ Evening/Weekend Phone Number: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Permanent or temporary condition which should be known about my child:

