



Smile Mentoring Program

Student Information

Student Name

First Name

Last Name

Nickname

Current Grade

Student Email Address

Student Cell Phone

Address

Ohio

City

State

Zip Code

What areas do you feel you can benefit from participating in the Smile Mentoring program?

Parent/Legal Guardian Information

_____	_____
First Name	Last Name

Address	
_____	Ohio _____
City	State Zip Code
_____	_____
Parent/Guardian Email Address	Parent/Guardian Phone
_____	_____

Are there particular concerns or areas on which you would like a mentor to focus?

Emergency Medical Authorization

Child's Legal Name

First Name

Last Name

___/___/20___

Child's Date of Birth

Name of Family Physician

Physician Number Phone

Physician Address

Ohio _____

City

State

Zip Code

Name of Family Dentist

Dentist Number Phone

Dentist Address

Ohio _____

City

State

Zip Code

Preferred Hospital

___ Aultman Hospital

___ Cleveland Clinic Mercy Medical Center

___ Alliance Community Hospital

___ Other (Please Specify) _____

Name of Medical Insurance Company

Insurance Policy Number

Name of Primary Insured

Allergies & Special Medical Conditions: Does your child have special medical conditions, allergies, or other needs that your child's mentor should be aware of? Please list:

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of Smile Mentoring Foundation to authorize any treatment deemed necessary by an above-named doctor or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer to a hospital or specialized children's hospital which is reasonably accessible. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concurring with the necessity for such surgery are obtained before performing such surgery.

Parent/Guardian Medical Authorization Signature

____/____/20____
Date Signed

Minor (Child) Photo & Media Release Form

I _____, the parent or legal guardian of _____ [Child] grant the Smile mentoring program my permission to use the photographs described as any and all taken during mentoring or participating in Smile mentoring activities. They may be used for any legal use, including but not limited to publicity, copyright purposes, illustration, advertising, social media platforms, and web content. Furthermore, I understand that no royalty, fee, or other compensation shall become payable to me because of such usage.

Parent/Guardian Media Release Signature

____/____/20____
Date Signed

Permission to Participate & Informed Consent

* I understand that my minor child will participate in the Smile Foundation Mentoring Program. I understand that my child will participate in this program with other members and volunteers from the Smile Foundation Mentoring Program. Activities will include, but not be limited to, individual mentoring and group activities. Participation in the Smile Foundation Mentoring Program is strictly voluntary and is not required.

I have read, understood, and discussed with my child the following Program Guidelines:

Smile mentoring may contact me to update me on my child's mentoring experience and for me to provide feedback on the project.

My child may participate in special Smile activities and events with their mentor (with my approval).

Mentor(s) may use groups to help facilitate socialization with your child and other youth in the program.

The Village of East Canton police background checks all Smile Mentors.

I understand most mentors may be Police Officers.

Smile members may contact my child:

- 1) On school property during the school day and will be supervised by the school,
- 2) At the Smile Foundation Office located on the 2nd floor of East Canton Village Hall
- 3) At various locations for special group or individual activities with my approval.

This parental consent form is valid as long as my child continues to desire a mentor, and I will not be contacted for my consent at the start of subsequent years.

I will be notified if my child or their mentor desires to discontinue mentoring visits.

Smile Team members or the school may contact me to get permission for my child or me to help promote Smile mentoring.

The following are policies of Smile that you, as a parent(s)/guardian(s), are expected to follow for all visits:

1. The mentor is expected to maintain regular contact with your child, spending at least four hours per month in contact. This contact should be in-person but can occasionally include phone calls, email, postal mail, and group activities.
2. The purpose of the mentoring project is to provide your child the opportunity to develop a supportive relationship with an adult who is a friend. The focus of this relationship is to be between the child and mentor; you are not to encourage him/her to take a parental role in the family. Violating this rule may result in the termination of the mentor/mentee relationship.
3. The mentor is not to indulge your child with gifts of money, food, extravagant outings, presents, etc. The project's purpose is for the mentor to spend quality time with your child rather than giving monetary items or doing costly activities. Birthday and holiday gifts are acceptable. If you do not approve of your child's mentor giving them gifts, please contact the coordinator
4. Special activities between mentor and mentee should be pre-scheduled to avoid conflict for everyone involved. If you do not like nor approve of the activities the mentor proposes, or if a conflict develops, talk to the mentor or mentoring coordinator.
5. Ask your child about the mentor/mentee activities. The purpose of this is to open up lines of communication between you and your child.
6. Do not use the relationship with your child's mentor as a reward or punishment.
7. It is never acceptable for the mentor to treat you or your child with disrespect nor to criticize your behavior/lifestyle. If this occurs, contact the project staff.
8. If you become uncomfortable about the mentor/mentee relationship or the interaction between the mentor and mentee, contact project staff immediately. Do not worry about being paranoid or over-sensitive.
9. Report any suspicious behavior on the part of your child or mentor immediately to the project staff. Examples of suspicious behavior might be your child refusing to discuss the activities he/she participates in with the mentor; your child being very quiet and withdrawn after a meeting with the mentor; sexually explicit behavior; and an excessive amount of touching between the mentor and child; the mentor behaving at the same level as your child; the existence of special language between the mentor and child.

For Community-Based Visits and/or Special Activities:

1. Inform your child's mentor of any rules or restrictions involving the child (i.e., no "R" rated movies, no ice cream or treats, or if the child has been grounded or restricted from any activities as a means of discipline). If the mentor violates these rules or restrictions, inform the project staff.
2. Inform your child's mentor of any health/medical problems, medications, allergies, etc., which the child has, and what, if any, activities should be avoided due to any physical conditions.
3. It is the Smile policy that there shall be no overnight visits between the mentor and mentee. Smile liability insurance does not authorize overnight visits. If any accident or claim occurs, the program is not responsible for either party (mentor or mentee).

4. Behaviors that should be reported to the project staff as soon as possible are smoking, chemical, or alcohol use on the part of the mentor, especially before or during outings with your child; sexual come-ons to you; shaming or coercing your child into accepting discipline and showing your child sexually explicit material.

5. Please remember mentors involved in this program are to be seen as a volunteer and not babysitters. Please be home when the mentor drops your child off after a visit; repeated failure may result in your child being terminated from the program.

By signing this permission, I further understand that neither the Smile Mentoring Program nor any associated partners shall be liable for any intentional or criminal activity on the part of any mentor in Smile. I specifically release and hold harmless the Smile Mentoring Program and its associated partners and each of their officers, steering committees, directors, employees, agents, and successors in interest from any such liability to my child which may arise by way of such intention or criminal action on the part of any mentor in the Smile.

*I have discussed with my child the importance of following directions and safety procedures that will be outlined by the adults in charge of the activity. I understand that traveling in a motor vehicle may result in injury or death as a result of an accident.

*I understand that my child is not required to participate in the Smile Foundation Mentoring program, but grant permission for him/her to do so, despite the possible risks. I recognize that by participating in this activity, my child may risk personal injury. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved in this activity, and that I assume any expenses that may be incurred in the event of accident, illness, or other incapacities, regardless of whether I have authorized such expenses.

Parent/Guardian Signature: _____

Date: _____

Participant Signature: _____

Date: _____