

Consent for Child Participation in Social Services

Date: _____

To Whom It May Concern,

I, the undersigned, hereby give my consent for my child, **[Child's Name]**, to participate in the social services program organized by **[Organization Name]**.

Details of Participation:

- Program Name: **[Program Name]**
- Location: **[Program Location]**
- Date(s) of Activity: **[Date(s)]**
- Purpose of Participation: **[Purpose]**

I understand that my child's participation is voluntary and that I may withdraw my consent at any time. I also acknowledge that I have been informed about the nature of the program and the potential risks involved.

By signing below, I confirm that I am the legal guardian of **[Child's Name]** and that I consent to their participation in the aforementioned social services program.

Guardian's Name: **[Guardian's Name]**

Guardian's Signature: _____

Date: _____

Contact Information:

Phone: **[Guardian's Phone Number]**

Email: **[Guardian's Email]**

Thank you for your attention.

Sincerely,

[Your Name]

[Your Position]

[Organization Name]