



**STUDENT/PARENT CONSENT AGREEMENT**

**STUDENT** \_\_\_\_\_

**CONSENTING PARENT** \_\_\_\_\_

**STUDENT ADDRESS** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_

**EMAIL** \_\_\_\_\_

**CONSULT DATE** \_\_\_\_\_

**CONSULT TIME** \_\_\_\_\_

**SPECIFIC LOCATION OF STUDENT VISIT [Full Address of Student]**

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## **Terms of Agreement**

The student consultation/mentoring program is to help your child/young adult to grow and be able to have a more productive lifestyle. This consent for is strictly for that purpose. FIAC is designed to protect the parent and child from any lawsuits and legal matters in present day and future meetings

The parent must agree that the consultation/mentoring is strictly confidential and not designed to cause harm to your child. The parent also understands that permission has been granted to your child to attend seminars and events that will make a great impact on his/her life. The parent also understands that some meetings will cause for parent involvement on some occasions.

A cancellation of a consultation should be made in 24 hours prior to the session.

Client shall not disseminate, publish, circulate, record, broadcast, videotape or transmit the meeting in any form without the express written consent from FIAC. Client understands that this may involve an additional agreement.

If first free consultation is satisfactory, FIAC agrees to continue to mentor your child on a monetary basis for six (6) weeks at \$ \_\_\_\_ per hour. A calendar will be given to you and your child showing available dates.

Please execute this agreement with your signature and retain a copy for your records.

The above is agreed to and accepted by \_\_\_\_\_

Authorized Signature

\_\_\_\_\_ Date \_\_\_\_\_

Please Print \_\_\_\_\_

**MR. OMAR HOWARD  
P.O. BOX 1570  
STONE MOUNTAIN, GA 30022**