|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Please check the box next to each statement to indicate your answer. | | | | |
|  | Yes | No |  |
|  | 🞎 | 🞎 | I understand my child’s Buddy is a volunteer, providing positive support and acting as a role model, not a therapist. |
|  |  |  |  |
|  | 🞎 | 🞎 | I give permission for my child to have a Buddy or Buddies assigned by LifeKids Staff who will work one-on-one with my child inside a regular LifeKids room with other kids and other leaders. |
|  |  |  |  |
|  | 🞎 | 🞎 | I give permission for my child’s Buddy to work one-on-one with my child in the LifeKids hallways to take walks or other breaks. |
|  |  |  |  |
|  | 🞎 | 🞎 | I give permission for my child’s Buddy to work one-on-one with my child in the LifeKids lobby to take walks or other breaks. |
|  |  |  |  |
|  | 🞎 | 🞎 | I give permission for my child’s Buddy to work one-on-one with my child inside an empty LifeKids room, if available, with the top half of the door open, for an extra quiet break. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Parent or Guardian Signature | |  | Date |  |
|  | | |  |  |
| LifeKids Staff Signature |  | | Date |  |