

## Parental Consent Form

Dear Parent(s) /Guardian(s),

Thank you for allowing your child to participate in the 2023 Community Health Aide (CHA) Program with the Hopi Community Health Services. We are delighted to have your child join us in this summer adventure to explore new things and get the feel of what it takes to be a Community Health Worker. They will get hands on experience by partaking a various community events, attend training sessions, and obtain their First Aid/CPR certification and much more. These experiences are aimed to provide new tools and resources to positively impact their daily lives and to show them they are our leaders of tomorrow. So a special thanks for supporting your child in this great opportunity.

Below is our consent form for your child to travel on and off reservation within the next 8 weeks of the program. Places we will travel off reservation include Flagstaff, Williams, Grand Canyon, Las Vegas, NV and Washington, DC. Therefore will be required to travel in Hopi Tribal vehicle and fly by airplane from Phoenix, AZ to Washington, DC.

I/WE, \_\_\_\_\_  
FULL NAME(S) OF CUSTODIAL, AND/OR, LEGAL GUARDIAN(S)

HEREBY GRANT CONSENT FOR OUR CHILD TO PARTICIPATE IN THE 2023 HOPI CHA PROGRAM COMMUNITY EVENTS, TRAININGS AND TO TRAVEL WITH THE HOPI CHR PROGRAM IN COMPANY VEHICLES AND BY AIRCRAFT.

CHA'S FULL NAME: \_\_\_\_\_

CHA'S ADDRESS: \_\_\_\_\_

CHA'S DATE OF BIRTH: \_\_\_\_\_

**EMERGENCY CONTACTS**

1. \_\_\_\_\_  
FULL NAME,                                      RELATION TO YOUTH,                                      BEST CONTACT #,                                      PHONE TYPE

2. \_\_\_\_\_  
FULL NAME,                                      RELATION TO YOUTH,                                      BEST CONTACT #,                                      PHONE TYPE

**ALLERGIES – FOOD/MEDICATIONS:**

**PRESCRIPTION MEDICATIONS/INSTRUCTIONS:**

**ADDITIONAL SPECIAL INSTRUCTIONS:**

PRINT NAME: \_\_\_\_\_  
LEGAL GUARDIAN

DATE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_  
LEGAL GUARDIAN

DATE: \_\_\_\_\_