



## Keeping Kids Connected Parental Consent Form

| Parent Information   |                |                              |          |
|--|----------------|------------------------------|----------|
| Name of Parent:  |                |                              |          |
| Street Address   | City:          | State:                       | Zip Code |
| Phone:   | Email address: |                              |          |
| Child Applicant Information  |                |                              |          |
| Name of Child:   |                |                              |          |
| Date of birth:   | Diagnosis:     | Date of Diagnosis:           |          |
| If Out Patient – How many treatments per week? -   |                |                              |          |
| Current Treatment: Inpatient   Outpatient   Both   |                | Miles from home to Hospital: |          |
|  |                |                              |          |
| Is your child currently able to attend school?   Yes   No  |                | Current Grade:               |          |
|  |                |                              |          |
| <p><b><i>Please understand that sharing your information will help us to provide iPads to many other deserving young cancer patients just like your child.</i></b></p> <p>I hereby grant unrestricted permission to Childhood Leukemia Foundation to use my child's photograph and story. I understand these images may be used in a variety of purposes such as newsletters, social media, donor thanks you's, etc...</p> |                |                              |          |
| Parent/Guardian Signature  |                | Date                         |          |

*\*Please know that upon submission of this release form any photos/video's and stories cannot be returned. If you have any questions please contact Kim Wetmore (888) 253-7109 or email [contact@clf4kids.org](mailto:contact@clf4kids.org)*