



Rachel's Home

Minor's Parent Agreement and Authorization

P.O. Box 31 Plymouth, IN 46563

(574) 935 - 3953

info@rachelshome.org

Name of Dependent: _____ Birth Date: _____
[Print Dependent's Name]

Request for Admission:

I, _____, the parent/guardian of said minor, request and authorize
[Print Parent's Name]
admittance of my dependent, _____, into Rachel's Home/
[Print Dependent's Name]
Shepherding Home on the _____ day of _____ in the year of our Lord _____.

Parental Authorization:

I, _____, parent/guardian of said minor, consent to and give
[Print Parent's Name]
approval of guardianship to Rachel's Home/Shepherding Home during my dependent's stay within the ministry of Rachel's Home. I authorize them to view all educational, civil, and medical information, and take appropriate actions regarding her educational activities, civil involvements, and medical and/or surgical treatments necessary to the welfare of my dependent while under their care.

Visiting:

Plans to visit my dependent while in such placement will be arranged through the House Parent(s).

Liability:

In consideration of the provisions of this contract, the undersigned parent and/or legal guardian hereby releases and discharges the ministry of Rachel's Home, and it's personnel, from all liability in connection with the care of said minor, or the placing of said minor in Rachel's Home or it's associated Shepherding Homes.

Parent/Guardian Signature

Date

Address of Parent/Guardian

Phone

Executive Director Signature

House Parent(s) Signature

Board Member Signature

Board Member Signature