



I LOVE ME TOO 2ND ANNUAL CONFERENCE

Martin Luther King Family Life Center
& We Serve Our Community
2711 Campostella Rd.
Chesapeake, VA

Activity Consent Form

Martin Luther King Family Life Center

To parents/guardians:

Your consent is required for child's participation in this life building experience.
If you approve, please accomplish and return the lower half of this form.
Please submit the signed form 2 weeks before the conference date.

Referring Source:

I wish to be a community partner?: (Y) (N) If Y, and what capacity?

Contact person for the activity

Ms. Vanessa Owens
"I Love Me Too" Program Developer
Martin Luther King Family Life Center
Info@mlkflc.org
www.mlkfkc.org
757 808 4904



I
[] allow
[] do not allow
my daughter to participate in the 2nd Annual "I Love Me Too" Conference on February 8, 2025.

In case of emergencies, the "I Love Me Too" Program Leaders should call:

Name:
Home Phone Number:
Work Phone Number:
Mobile Number:
Relationship to child:

MEDICAL INFORMATION:

My daughter needs medication during the activity. (Y) (N)
If Y, please specify name of medicine and frequency of dosage.

My daughter needs special assistance due to a disability. (Y) (N)

My daughter requires special food due to allergies or religious requirements. (Y) (N)
If Y, please specify.

Our family doctor can be reached at:

Relationship to student: Full Name Signature

Date signed: