

Group Leader: \_\_\_\_\_

Name of Group: \_\_\_\_\_



## Consent Form

Dear Parent or Legal Guardian,

Your child would like to participate in World Vision's 30 Hour Famine.

Participation means that your child will:

- Raise funds by asking for donations to help children and families around the world who suffer as a result of poverty and hunger.
- Miss three main meals by fasting for 30 hours, under the supervision of the Group Leader.
- Drink only water and juice (*provided by the Group Leader*) during those 30 hours.
- Turn in their Famine funds to the Group Leader.



### About Fasting

The average, healthy person is able to go without food for 30 hours without any ill effects. Exceptions include, but are not limited to, the following:

- Children under the age of 12
- Pregnant or nursing women
- People over the age of 65
- People with diabetes, reactive hypoglycemia, an eating disorder, or any combination of biological, psychological, and environmental conditions which could precipitate an eating disorder

**Please note:** Because the above medical conditions are not always obvious, if you have any concerns about your child's health while taking part in the 30 Hour Famine, you are strongly encouraged to consult with your child's physician prior to his or her participation. *Your signature below implies that you have taken this precaution and are allowing your child's participation with fully informed consent.*

**A modified fast is available if you feel your child may not be physically capable of fasting for 30 hours.** Please contact the Group Leader if you would like to discuss this option.

For more information on fasting, please visit [www.30hourfamine.org/parents](http://www.30hourfamine.org/parents) or call 1.800.7.FAMINE (1.800.732.6463). For more information about World Vision, please visit [www.worldvision.org](http://www.worldvision.org).

I have read this form and give my consent for my child,  
\_\_\_\_\_, to participate in the 30 Hour Famine.  
(please print name of child)

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Date: \_\_\_\_\_

Please return this consent form to the Group Leader (not to World Vision).