

Volunteer Minor Supervision Permission Request Form

Minor's Full Name

Date of Birth

Age

Parent/Guardian Name

Parent/Guardian Contact Number

Parent/Guardian Email

Event/Activity Name

Date of Event/Activity

Time

Location

Name(s) of Volunteer Supervisor(s)

Emergency Contact Name

Emergency Contact Relationship

Emergency Contact Phone

Allergies/Medical Conditions

Special Instructions/Notes



I give permission for my child to participate under the supervision of the designated volunteer(s).

Parent/Guardian Signature

Date