

Volunteer Program Parent/Guardian Consent Form

Volunteer Information

Participant Name

Age

School/Organization

Parent/Guardian Information

Parent/Guardian Name

Phone Number

Email Address

Emergency Contact

Emergency Contact Name

Relationship

Emergency Phone Number

Medical Information

Please list any medical conditions, allergies, or medications

Consent

I hereby give permission for the above-named participant to take part in the volunteer program activities. I understand that reasonable precautions will be taken to ensure the safety of my child. In the event of emergency, I authorize medical care as deemed necessary.

Parent/Guardian Signature

Date