

Parent Consent Form for School Volunteer Activities

Student Information

Student Name

Grade

Teacher Name

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Email Address

Volunteer Activity Details

Activity Name

Date(s) of Activity

Medical Information/Allergies

Please list any medical information or allergies we should be aware of

I, the undersigned parent/guardian, give permission for my child to participate in the above school volunteer activity. I understand that reasonable precautions will be taken to ensure my child's safety.

Parent/Guardian Signature

Date