



Parental Permission for Youth Volunteer

I _____ give permission for my son/daughter(s)
(Parent/Guardian's Name)
_____ to volunteer at _____
(Child's Name) (Site Location)

Parent Signature Date

Medical Release Waiver for Youth Volunteer

Dear Parents-

Please list the name, address and phone number of your family physician. Your signature is our authorization to call your physician to render necessary emergency treatment if there should be a serious illness or accident, and we are unable to contact you. If you or your physician cannot be reached, it is our authorization to seek medical help and assistance at any one of the following: Children's Hospital of Orange County, St. Joseph Hospital, Chapman Medical Center, Western Medical Center, Mercy General Hospital, Hoag Hospital or the local Police Department.

Physician Address Phone

Please list any of your child's health conditions or medications we should be aware of:

I hereby warrant that I, the undersigned parent or guardian, am over eighteen (18) years of age and am competent to contract in my own name so far as the above material is concerned.

Parent/Legal Guardian Signature Phone

Other Emergency Contact Relationship Phone

Date