
Minor's Full Name (First, Middle, Last)

Minor's Date of Birth

The above named minor has my permission to participate in the Tri-County Christmas in Action. Home Repair Project, hereinafter referred to as Project, currently scheduled for _____.
On behalf of such minor I have signed a Volunteer's Agreement and Release from Liability, hereinafter referred to as Release, and hereby agree to all of the terms and conditions of the Release.

In case of medical or dental emergency, I understand that every effort will be made to contact me at the telephone number set forth below. If I cannot be reached, I hereby give my permission to the physician or dentist selected by Tri-County Christmas in Action to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the minor named above. A copy of this permission form may be accepted by and treated by the physician as equivalent to the original permission order.

Date

Signature of Parent/Guardian

Telephone Number

I certify that _____ acknowledged in my presence that he/she had read and fully understood the meaning and consequences of the foregoing PARENTAL CONSENT FOR MINOR PARTICIPATION, and signed it in my presence.

NOTARY PUBLIC

My Commission expires:

PLEASE COMPLETE THE FOLLOWING:

Name of Medical Insurance Carrier: _____

Policy Number & Group Number: _____

Minor's Primary Physician: _____ Telephone: _____

Primary Physician's Address: _____
Street Address & City

Minor's Dentist/Orthodontist: _____ Telephone: _____

Dentist/Orthodontist Address: _____
Street Address & City

Any Food or Drug Allergies: _____

Limitations on Activities: _____

EMERGENCY CONTACT INFORMATION: The parent/guardian listed above will be the initial person to be contacted, please list two other individuals that can be contacted in case of an emergency.

Contact Name Telephone Number/Cell Number Relationship to Minor

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