

Parent/Guardian Consent Form

1. Parent/Guardian Contact Information

Name: _____ Home Address: _____

Home Phone: _____ Cell Phone: _____

Alternative Phone: _____ E-mail: _____

Other Emergency Name and Number: _____

2. Medical Information and Disclosure

Please complete this section at your discretion.

Minor has the following special medical conditions (including allergies)

Minor currently takes the following medications (prescription or otherwise)

Physician's Name _____ Physician's Telephone: _____

Date of Last DPT or Tetanus Vaccine: _____

Insurance Provider Name: _____

3. Consent to Participation

I, _____, being the Parent or Legal Guardian of _____ ("the Minor"), hereby consent and authorize the Minor to participate as a volunteer for Alachua County Volunteer Services Program. I understand that some positions may require me, the Parent or Legal Guardian, to volunteer alongside the Minor. If so, I will need to complete orientation, training, and fill the appropriate volunteer forms so that I may be eligible to volunteer. If I volunteer alongside the Minor, I must supervise the Minor at all times.

4. Consent for Emergency Medical Treatment

I, _____, consent that Alachua County, and its applicable department or division, may obtain necessary emergency medical treatment and/or transportation for the Minor in the event of an accident, injury, or sudden illness while said minor is engaging in an Alachua County Volunteer Services Program.

5. Agreement to Complete Adult Volunteer Form, if applicable

I, _____, understand that if I volunteer alongside the Minor, I must complete the appropriate Adult Volunteer Release Form, and must agree to all of the stipulations required of an Adult Volunteer.

By signing this form, I acknowledge that I have read and fully understand the foregoing Consent Form, and sign it voluntarily. I am at least eighteen (18) years of age, am fully competent, and I am the parent or legal guardian of the Minor participating in the Alachua County Volunteer Services Program.

Participant/Child's Name (Print): _____

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date: _____