

PARENTAL CONSENT FORM FOR MINORS

NAME OF CHILD/STUDENT (herein referred to as Child)

(First Name)

(Last Name)

Address: _____

Emergency Contact Name: _____ Phone: _____

Address: (if different from Child) _____

Emergency Contact Relationship: _____ Email: _____

Doctor's name: _____ Phone: _____

Hospital Choice: _____ Phone: _____

List any health conditions such as heart disease, diabetes, epilepsy, severe allergies, any chronic conditions, etc

I hereby certify that my child has insurance coverage as indicated:

Provider: _____

Subscriber# _____ Group# _____

Employer Name: _____

I do hereby acknowledge, consent and agree to all of the following terms and conditions:

- I declare and represent that I am the parent or guardian of the Child (named above)
- I declare that my child is physically and mentally fit and understands that he/she is subject to the protocol and privacy standards of Hannah's Hope Ministries when serving as a volunteer. I acknowledge that participation in volunteering involves certain risks and hazards and/or property damage. In consideration of their acceptance as a volunteer in whatever capacity, I hereby agree to release, defend, indemnify, and hold harmless Hannah's Hope Ministries and its agents, affiliates, and sponsors from any and all claims for any and all expenses, personal injury, loss, or damages incurred or caused by or against my child during or in connection with his/her participating in this capacity as a volunteer.
- I understand my child must be under the supervision of myself or _____ (designated guardian) who will serve alongside of him/her while volunteering at Hannah's Hope.
- I grant permission for my child to ride in any vehicle designated by the adult(s) in whose care the minor has been entrusted while volunteering and participating at Hannah's Hope Ministries.
- I grant full permission for use of photographs, portraits, films and videos of my child, and quotations made by him/her in legitimate accounts and promotion of Hannah's Hope Ministries.

- I authorize treatment of the Child by a qualified and licensed medical service provider in the event of a medical emergency which, in the opinion of the attending provider, may endanger their life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said participant is engaged in the said activity. This authority is granted only after a reasonable attempt has been made to contact the parent/guardian.
- My child is responsible for behaving in a respectful, non-harmful manner toward the residents, staff, and other volunteers at Hannah's Hope Ministries. Failure to comply may result in dismissal from volunteering.
- I hereby attest that the Child's attendance and involvement in this activity is voluntary and that I give up substantial rights by signing it. I have read (or have read to me) this release, understand it and sign it voluntarily.

This release is valid for the year 2019 and shall be binding upon my heirs, next of kin, distributees, executors and administrators.

Signature of Child/Participant

Printed Name of Child/Participant

Signature of Parent or Guardian

Printed Name of Parent or Guardian

Relationship of Parent/Guardian to Child

Date Signed