



PARENTAL/GUARDIAN RELEASE FOR MINOR VOLUNTEERS

(For those ages 15-17 who plan to volunteer for more than one day)

This form is intended for volunteers ages 15-17. Please have your parent or guardian complete this form and submit along with your Youth Volunteer Application. If you are 18 and over, you are not required to complete this form.

APPLICANT'S FULL NAME: _____

I hereby give permission for my child to serve as a volunteer for the City of San Juan Capistrano. In the event of an emergency during the duration of performing volunteer activities, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child named above.

I understand I am responsible for his or her own medical insurance and will not hold the City of San Juan Capistrano liable for any injury or damage to my child while engaged in volunteer activities.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

PHONE NUMBER		ALTERNATE NUMBER		EMAIL ADDRESS		
RELATIONSHIP TO CHILD			WHAT IS THE BEST WAY TO CONTACT YOU?			
			Home Phone		Cell Phone	Email
MEDICAL INSURANCE NAME & NUMBER						
DOES YOUR CHILD HAVE ANY PHYSICAL LIMITATION THAT MAY AFFECT HIS/HER WORK?						
PLEASE LIST ANY ALLERGIES YOUR CHILD MAY HAVE:						
PLEASE LIST ANY MEDICATIONS YOUR CHILD TAKES:						
DATE OF LAST TETANUS SHOT:		PLEASE LIST ANY SPECIAL NEEDS YOUR CHILD HAS:				

Applicant's Signature: **Date:** _____

Parent/Guardian's Printed Name **Date:** _____

Parent/Guardian's Signature **Date:** _____