

Parental Release & Consent Form

(To be completed by a parent or legal guardian of any volunteer under age 18)

Name of volunteer: _____

I hereby give permission for my child to serve in a Disaster Response project. My child is aged fourteen or older. In the event of an emergency during the duration of the trip, I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my child named above.

I understand that I am responsible for his/her medical insurance and will not hold Corridor Recovery, any and all partner churches, facilities or organizations, together with their officers, agents, servants and employees liable for any injury or damage to my child while engaged in the disaster project.

Name Parent/Guardian: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Your relationship to participant: _____

Insurance company: _____

Does your child have any physical limitation that might affect his/her work?

List any allergies/medications: _____

Date of last tetanus shot: _____

Special needs if any: _____

Signature of Parent or Guardian: _____ Date: _____