

**BROOME COUNTY COUNCIL OF CHURCHES INC.
PARENTAL RELEASE FORM
(FOR VOLUNTEERS UNDER THE AGE OF 18)**

Name of volunteer: _____

I _____

Printed Name Of Parent/Guardian

hereby give permission for child to serve in the _____

Project Name

project coordinated by Broome County Council of Churches Inc. In the event of an emergency, 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 my child's own medical insurance and will not hold Broome County Council of Churches Inc. liable for any injury or damage to my child while engaged in this project.

Parent/Guardian Signature: _____

Home Telephone Number: _____ Work Tel # _____

Relationship to volunteer: _____

Insurance Company: _____ Policy Number: _____

Does your child have any physical limitation that we need be aware of that might affect his/her work? (if yes please explain _____)

List any allergies/medications: _____

The above named youth can use power drills (circle one) YES NO

The above named youth can be videoed and photographed for public broadcast and promotional use. (circle one) YES NO

Date of last tetanus shot: _____

Special Comments _____