

**PARENT'S/GUARDIAN'S/OR LEGAL CUSTODIAN'S
PERMISSION FOR MINOR TO PARTICIPATE
IN PINELLAS COUNTY VOLUNTEER SERVICE PROGRAM
AND CONSENT FOR EMERGENCY MEDICAL TREATMENT**

DEPARTMENT: _____ **DATE OF PROJECT:** _____

Volunteer Site Coordinator: _____

Full Name and Address of Parent/Guardian/or Legal Custodian

Name _____

Residence Address _____

Telephone () _____

Business Address _____

Telephone () _____

Other Emergency Telephone Number (specify) _____

Full Name and Address of Minor _____

Telephone () _____

I, _____, hereby give permission
(print name of parent, guardian, or legal custodian)

for _____ to participate as a volunteer in Pinellas County's
(print name of minor)

Volunteer Service Program.

I, _____, further consent that
(print name of parent, guardian, or legal custodian)

Pinellas County, its applicable department or division, obtain necessary emergency medical

treatment and/or transportation for _____ in the event of
(print name of minor)

accident, injury, or sudden illness while said minor is engaged in the Pinellas County Volunteer

Service Program.

(Over)

Parent's/Guardian's/or Legal Custodian's Permission cont.

Medical Information and Disclosure

Said minor has the following special medical conditions (including allergies):

minor currently takes the following medications (prescription or otherwise):

Physician's Name and Address _____

Telephone () _____

Date of Last DPT or Tetanus: _____ Insurance Coverage: _____

DATE

SIGNATURE
(parent, guardian or legal custodian)

STATE OF FLORIDA)

COUNTY OF _____)

SWORN TO AND SUBSCRIBED before me this ____ day of _____,
_____, by _____, who is personally known to me and/or has
produced satisfactory evidence of indemnification, specifically _____.

(SIGNATURE)

Type or Print Name
NOTARY PUBLIC

Commission No.: _____

My Commission Expires: _____