



**Parental Permission form for New City Volunteers Under 18**

Name of Volunteer: \_\_\_\_\_

**Parent/Guardian Contact Information:**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

**Health Insurance Information:**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**Doctor Information:**

Doctor's Office: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Health Concerns We Should Know About:  
\_\_\_\_\_

I, \_\_\_\_\_, give my child, \_\_\_\_\_ permission to volunteer for New City Christian School. I release New City Christian School and Trinity Baptist Church from any liability in the unlikely event of any accident while they are volunteering at New City Christian School.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_