



KNOWLEDGE • CONFIDENCE • HOPE

### 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: \_\_\_\_\_