



Parental Consent for Minor Participant

Name of Child : _____

The above named child has my permission to participate in the Rebuilding Together North Jersey, Inc., home repair project currently scheduled for (date) _____

_____.

On behalf of such child, I have signed a Volunteer's Agreement and Release From Liability and hereby agree to all of the terms and conditions of the Release.

In case of medical or dental emergency, I understand that every effort will be made to contact me at the telephone number set forth below. If I cannot be reached, I hereby give permission to the physician or dentist selected by Rebuilding Together North Jersey, Inc. to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the child named above. A copy of this permission form may be accepted by and treated by the physician as equivalent to the original permission form.

Date: _____

Signature of Parent or Guardian: _____

Telephone: _____

(over)

Rebuilding Together North Jersey, Inc.
P.O. Box 1389, Ridgewood, NJ 07451-1389 (201) 447-8886



Parental Consent for Minor Participant

Please complete the following:

Medical Insurance Carrier : _____

Policy Number : _____

Family Doctor : _____

Address: _____

Telephone: _____

Family Dentist: _____

Address: _____

Telephone: _____

ANY DRUG OR FOOD ALLERGIES: _____

LIMITATIONS ON ACTIVITIES: _____

IF I CANNOT BE REACHED, PLEASE CONTACT _____

TELEPHONE: _____

Signature of Parent or Guardian: _____

Date: _____