

Minor Permission- Consent

Parent/Guardian Information

Name: _____ H Phone: _____
 Address: _____ W Phone: _____
 _____ Email: _____

Parent/Guardian Permission

To whom it may concern: _____, a minor, has my permission to go with _____ (Group) on a Fuller Center Work Team to _____ from _____, 20____ through _____, 20____.

Signature, Parent or Guardian

Date

Consent to Treatment of a Minor

The undersigned parent or guardian of _____, a minor, does hereby authorize adult leaders of the Team _____, or the staff of The Fuller Center, as agents for the undersigned, to consent to any emergency care, including, but not limited to, examinations, x-rays, anesthetics, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by a qualified physician or local hospital. I will assume responsibility for fees resulting from such an emergency.

Signature, Parent or Guardian

Date

Release & Waiver Of Liability

I/we have reviewed and signed the Release & Waiver of Liability form included in this packet.

Signature, Parent or Guardian

Date