

**REBUILDING TOGETHER ORANGE COUNTY
PARENTAL CONSENT FOR MINOR PARTICIPANT**

Name of Child:(Please print)_____

Name of Work Group:_____

The above named child has my permission to participate in the Rebuilding Together Orange County Home Repair Project (the "Project") currently scheduled for _____. On behalf of such child I have signed a Volunteer's WAIVER OF LIABILITY (the "Waiver") and hereby agree to all of the terms and conditions of the Waiver.

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 Orange County 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 and treated by the physician as equivalent to the original permission form.

Print Name of Parent/Guardian

Phone Number

Please complete the following:

A. Medical Insurance:_____

Policy Number:_____

ID#:_____

B. Family Doctor:_____

Address:_____

Telephone:_____

C. Family Dentist/Orthodontist:_____

Address:_____

Telephone:_____

D. Any Drug or Food Allergy:_____

E. Limitations on Activities:_____

F. Other Important medical information:_____

G. If I cannot be reached, contact:

Name:_____

Telephone:_____

Name:_____

Telephone:_____

I hereby certify that the above information is true, correct and complete to the best of my knowledge.

Date

Signature of Parent/Guardian