



YOUTH VOLUNTEER PARENTAL CONSENT FORM

I, _____, being the parent or legal guardian of _____ acknowledge that my child is under the age of 18 years of age and hereby consent to and authorize the minor to act as a volunteer for the Detroit Historical Society.

I am not aware of any physical or medical condition that would interfere with the minor's ability to participate in volunteer activities. If the minor is injured or becomes ill and neither I nor any other parent/guardian identified below can be reach, I give the Detroit Historical Society permission to seek medical attention for the minor.

Signature of Parent/Guardian

Date

Printed name of Parent/Guardian

I understand that the minor may be photographed during the course of volunteering. I grant full and unlimited permission to the Detroit Historical Society to use photographs or video of the minor, without their name, for promotional or internal training purposes, by placing my initials here. _____

EMERGENCY INFORMATION

Please indicate how we can reach you in an emergency:

Parent/Guardian 1:

Parent/Guardian 2:

Name: _____

Name: _____

Relationship to minor: _____

Relationship to minor: _____

Home phone: _____

Home phone: _____

Mobile phone: _____

Mobile phone: _____

Office phone: _____

Office Phone: _____

Minor's Physician:

Name of Doctor: _____

Office Phone: _____