



PARENTAL/GUARDIAN CONSENT

_____, a minor child, wishes to participate as an American Red Cross Volunteer (“Activity”). The American Red Cross involves activities on and off the premises of the local Red Cross chapter. As the minor’s parent/guardian, I hereby consent to his/her participation in the Activity.

I am not aware of any physical or medical condition that would interfere with the child's ability to participate. If the child is injured or becomes ill and neither I nor any other parent/guardian identified below can be reached, I give the American Red Cross permission to seek medical attention for the child.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

I understand that the child may be photographed during the course of the Activity. I grant full and unlimited permission to the American Red Cross, and its agents and affiliates, to use the minor’s name, photographs or any other record of participation in this Activity in any broadcast, telecast or other account of the Activity for publicity purposes, without compensation, by placing my initials here. _____

EMERGENCY INFORMATION

Please indicate how we can reach you in an emergency:

Parent/Guardian 1:

Parent/Guardian 2 (or Emergency Contact):

Name: _____

Name: _____

Relationship to child: _____

Relationship to child: _____

Home phone: _____

Home phone: _____

Mobile phone: _____

Mobile phone: _____

Office phone: _____

Office phone: _____

Child's Physician:

Name: _____

Office phone: _____