



**Rebuilding Together Washtenaw, Inc.**

**PARENTAL CONSENT FOR MINOR PARTICIPANT**

**Name of Child:** \_\_\_\_\_

The above named child has my permission to participate in the Rebuilding Together Washtenaw Home Repair Project (the "Project") currently scheduled for April 25, 2009. On behalf of such child I have signed the Volunteer's Agreement and Release from Liability (the "Release") 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 Washtenaw 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.

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_ Telephone \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

1. Medical Insurance Carried: \_\_\_\_\_

Policy Number \_\_\_\_\_

2. Family Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

3. Family Dentist: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

4. Any Drug or Food Allergies: \_\_\_\_\_

5. Limitations on Activities: \_\_\_\_\_

If I cannot be reached, please contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_