

PARENT'S/GUARDIAN'S/OR LEGAL CUSTODIANS
**PERMISSION FOR MINOR TO PARTICIPATE AND CONSENT FOR
EMERGENCY MEDICAL TREATMENT**

Full Name and Address -Of Parent/Guardian/or Legal Custodian:

Name _____ Phone _____

Residence Address _____

Business Address _____ Phone _____

Other Emergency Phone Number (specify) _____

Full Name of Minor _____ Phone _____

Date of Birth: _____ Social Security # _____ Race: _____ Sex: _____

I hereby authorize the City of Jacksonville to view my (son's, daughter's, or ward's) juvenile record(s) to the extent allowed by Florida Statue Section 985.04.

Parent/Guardian/Legal Custodian Signature: _____

I, _____, hereby give permission for _____
(Print name of parent, guardian, or legal custodian) (Print name of minor)

to participate as a volunteer in City of Jacksonville's Volunteer Service Program. I, _____
(Parent, guardian, or legal custodian)

further consent that the City of Jacksonville, its applicable Department or Division, obtain necessary emergency
medical treatment and/or transportation for _____ in the event of accident, injury
(Print name of minor)

or sudden illness while said minor is engaged in the City of Jacksonville Volunteer Service Program.

SIGNATURE _____ DATE _____
(Parent, guardian or legal custodian)

Medical Information and Disclosure

Said minor has the following special medical conditions (including allergies): _____

Said minor currently takes the following medications (prescription or otherwise): _____

Physician's Name and Address: _____

Physician phone: _____ Date of Last DPT or Tetanus: _____

Insurance Coverage: _____