

H2O Student Volunteer Information Sheet

2016-2017

Today's Date _____

Last name _____ First name _____ Middle In _____ Gender _____

Address _____ Birthdate ____/____/____

Student Cell _____ Can we text you? _____ Home Phone _____

Student Email Address _____

School Attending _____ Current Grade Level _____

Parent/Guardian _____ Cell Phone _____

Address _____ Work Phone _____

Email Address _____

Parent/Guardian _____ Cell Phone _____

Address _____ Work Phone _____

Email Address _____

PARENT CONSENT

My child _____, has my permission to participate in the H2O program. I understand that participation in this program will involve volunteer activities at various agency sites. I give permission for my child to walk or be transported by licensed/insured drivers employed by the program or a licensed/insured volunteer driver. In addition, I release the City of Lakewood/Department of Human Services/Division of Youth, Lakewood City Schools/Board of Education, their employees and participating agencies/organizations and their employees from all liability of whatsoever character, including but not limited to injuries to person or property arising out of or resulting from or in any way connected with participation by my son/daughter in this program.

Parent or Guardian Signature _____ Date _____

Emergency Information

In the event reasonable attempts to contact me at (____) _____ - _____ or _____ (other parent) at

(____) _____ - _____ have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. _____ at (____) _____ - _____ (preferred physician) or Dr. _____

at (____) _____ - _____ (preferred dentist), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist: and (2) the transfer of the child to _____ (Preferred hospital) or the closest hospital or medical facility

My child has the following allergies/medical alerts: _____

Parent/Guardian Signature: _____ Date: _____