



MINOR WAIVER/GUARDIAN CONSENT FORM

This guardian consent form must be completed for all volunteers between the ages of 14 and 17 (in addition to the Waiver of Rights and Claims by Rebuilding Together Oakland Volunteer Participant).

Name of Minor (Please Print): _____

Date: _____

I represent and warrant to **Rebuilding Together Oakland** that I am the parent or guardian of the minor named above. The above-mentioned minor has my permission to participate in the Rebuilding Together Oakland project. On behalf of such minor and myself, I hereby agree to all of the terms and conditions of the Waiver of Rights and Claims by Rebuilding Together Oakland Volunteer Participant.

In case of medical or dental emergency, I request that Rebuilding Together Oakland attempt to contact me at the phone number listed below. However, I hereby give my permission to the physician selected by Rebuilding Together Oakland to hospitalize, treat, secure proper treatment for, and order injections, anesthesia or surgery for the minor named above. A copy of this permission form may be accepted and treated by the physician as equivalent to the original form.

PLEASE COMPLETE THE FOLLOWING

1. Medical Insurance Carrier: _____

Policy Number: _____

2. Family Doctor: _____

Address: _____

Telephone: _____

3. Family Dentist/Orthodontist: _____

Address: _____

Telephone: _____

4. Any Drug or Food Allergies: _____

5. Limitations on Activities: _____

6. If I cannot be reached, please contact _____ Telephone _____

Parent/Guardian Name

Parent/Guardian Signature

Date

Phone # _____