

# Consent Form for a Minor to Volunteer and Obtain Emergency Medical Treatment

(to be completed by a parent, guardian, or legal custodian)



Department: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Site Coordinator: \_\_\_\_\_

## Parent, Guardian, or Legal Custodian Contact Information:

Name \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Other Emergency Name and Number \_\_\_\_\_

Full Name of Minor \_\_\_\_\_

Minor's Address \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

## Consent for Participation:

I, \_\_\_\_\_, hereby give permission for  
(*print name of parent, guardian, or legal custodian*)

\_\_\_\_\_ to participate as a volunteer in  
(*print name of minor*)

Pinellas County's Volunteer Services Program.

## Consent for Emergency Medical Treatment:

I, \_\_\_\_\_, further consent that Pinellas County,  
(*print name of parent, guardian, or legal custodian*)

its applicable department or division, obtain necessary emergency medical treatment and/or

transportation for \_\_\_\_\_ in the event of an accident, injury,  
(*print name of minor*)

or sudden illness while said minor is engaged in the Pinellas County Volunteer Services Program.

(continued)



**Medical Information and Disclosure:**

Minor has the following special medical conditions (including allergies):

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Minor currently takes the following medications (prescription or otherwise):

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Physician's Name and Address \_\_\_\_\_  
\_\_\_\_\_ Telephone \_\_\_\_\_

Date of Last DPT or Tetanus Vaccine: \_\_\_\_\_

Insurance Provider Name: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature  
(parent, guardian or legal custodian)

**Notary**

STATE OF FLORIDA

COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

by \_\_\_\_\_, who is personally known to me and/or has

produced satisfactory evidence of indemnification, specifically \_\_\_\_\_.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Name*  
NOTARY PUBLIC

Commission No.: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_