



HOUSING + EMPLOYMENT + LIFE SKILLS

PARENTAL CONSENT FORM

STUDENT INFORMATION SECTION

Name _____

Birth Date ____ - ____ - ____ Age _____ School _____ Grade _____

Address _____ City _____ Zip _____

Telephone ____ (____) _____ Second Telephone ____ (____) _____

Parent or Guardian's Name _____ Work Phone ____ (____) _____

Parent's Address (if different from above) _____

AUTHORIZATION FOR VOLUNTEER SERVICE AND CONSENT TO TREATMENT OF A MINOR

I, the undersigned, parent of _____, minor, do give permission for
Student Name
said minor to volunteer at Union Station Homeless Services. I hereby waive all claims against Union Station Homeless Services, its employees, agents, and chaperones for injury, accident, illness, or death occurring during or by any reason of this volunteer service. I further consent to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which deemed advisable by, and is rendered under, the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medicine Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this authorization is given in advance of any specific consent to any and all such diagnosis, the treatment, or hospital care which aforementioned physician in the exercise of her/his best judgement may deem advisable. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

This authorization shall remain in effect until date _____.

Parent or Guardian's Signature _____ Date _____

Health Insurance Company _____ Policy # _____

Medical Problems of Minor _____

Drug Allergies _____

Alternate Contact Person _____

Phone Number ____ (____) _____ Relationship to Minor _____