## PARENT'S/GUARDIAN'S/OR LEGAL CUSTODIAN'S PERMISSION FOR MINOR TO PARTICIPATE IN PINELLAS COUNTY VOLUNTEER SERVICE PROGRAM AND CONSENT FOR EMERGENCY MEDICAL TREATMENT

DEPARTMENT:	DATE OF PROJECT;
Volunteer Site Coordinator:	
Full Name and Address of Parent/Guardi	an/or Legal Custodian
Name	
Residence Address	
	Telephone ( )
Business Address	
	Telephone ( )
	ecify)
	Telephone ( )
I,(print name of parent, gu	, hereby give permission ardian, or legal custodian)
for (print name of minor)	to participate as a volunteer in Pinellas County's
Volunteer Service Program.	
I,(print name of parent, gu	, further consent that ardian, or legal custodian)
Pinellas County, its applicable departmen	t or division, obtain necessary emergency medical
treatment and/or transportation for(	in the event of print name of minor)
accident, injury, or sudden illness while s	aid minor is engaged in the Pinellas County Volunteer
Service Program.	

(Over)

Parent's/Guardian's/or Legal Custodian's Permission cont.

Medical Information and Disclosure	
Said minor has the following special medical co	onditions (including allergies):
minor currently takes the following medications	(prescription or otherwise):
Physician's Name and Address	
	Telephone ( )
Date of Last DPT or Tetanus: In	nsurance Coverage:
DATE:	CICNATURE
DATE	SIGNATURE (parent, guardian or legal custodian)
STATE OF FLORIDA )	
COUNTY OF )	
SWORN TO AND SUBSCRIBED before	re me this day of,
, by	
produced satisfactory evidence of indemnification	on, specifically
	(SIGNATURE)
	Type or Print Name NOTARY PUBLIC
	Commission No.:
	My Commission Expires: