



## Parent Permission Slip for Volunteers

I give my permission for my child, \_\_\_\_\_, to assist as a Volunteer at AGE of Central Texas.

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

In Case of Emergency:

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Are there any concerns or special medical considerations that we need to know about?

YES  NO

Explain: \_\_\_\_\_

\_\_\_\_\_

Is your student volunteering for his or her High School Community Service Hours?

YES  NO

Release: I, by submitting this signed parent permission slip, understand that AGE of Central Texas is no way responsible for any injury or theft that may occur during the my son or daughter's time as a volunteer. I release AGE of Central Texas of responsibility for any and all damage to persons used during the course of my son or daughters' volunteer services. Also I acknowledge that the information above is correct.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

*AGE of Central Texas*

*3710 Cedar St. Austin, Texas 78705*

*512-451-4611 ext. 224*

Parent Permission Slip (ED. 2012)