



8775 Centre Park Drive #519 * Columbia, MD 21045 * (410) 381-3338

**PARENT PERMISSION FORM
National Rebuilding Day**

I give my permission for my son or daughter to assist on a voluntary basis in the Rebuilding Together® Howard County, National Rebuilding Day Project, in which the homes of disadvantaged persons will be repaired by volunteers. I attest that my child is at least fourteen years of age. On behalf of my child and myself, I waive any right or cause of action arising as a result of my child's participation, from which any liability may or could accrue against Rebuilding Together® Howard County or its officers and directors collectively or individually.

I consent to the unrestricted use of my son or daughter's image, in connection with National Rebuilding Day, Rebuilding Together® Howard County or any person authorized by Rebuilding Together® Howard County, including, but not limited to, any photographs, audio or video recordings, interviews, videotapes, motion pictures or the use of his/her name in connection with television, radio or print media.

In the event of a medical or dental emergency, I (we) understand that every effort will be made to contact me (us) at the telephone number listed on the attached page. If I (we) cannot be reached, for any reason, I (we) hereby authorize Rebuilding Together® Howard County to seek treatment for my (our) child, and a copy of this permission form may be accepted by and treated by the physician as the equivalent to the original permission form.

Signed this _____ day of _____ 2010.

Parent / Guardian Signature

Print Student Name

Print Parent / Guardian Name

Print Student's School

Print Parent Address

Print Student Address (If Different)

**Rebuilding Together Howard County
PARENTAL/GUARDIAN CONSENT ADDENDUM**

PLEASE COMPLETE THE FOLLOWING:

1. Medical Insurance Carried: _____
Policy No.: _____

2. Family Doctor: _____
Address: _____
Telephone: _____

3. Any Drug or Food Allergies: _____

4. Limitations on Activities: _____

5. If I cannot be reached, please contact: _____
Relationship to Child: _____
Telephone: _____

Signed this _____ day of _____, 2010.

(Student - Print Name)

(Parent - Print Name)

(Parent Signature)

_____ (Home/Cell Phone) _____ (Business Phone)

**Return to Richard Meyers, RTHC Student Coordinator
1-800-367-9711 (FAX)**

Materials can also be mailed to:
ATTN: Richard Meyers
Rebuilding Together Howard County
8775 Centre Park Drive, #519
Columbia, MD 21045

All materials must be received by April 10 to participate in Rebuilding Day