## **Parental Consent for Child to Volunteer**

Lakewold Gardens, a 501(c)(3) nonprofit dedicated to facilitating organized play among children of all ethnicities and demographics, encourages and appreciates the efforts of volunteers under the age of 18.

Before a child begins volunteering, however, we require consent from the parent(s) or legal guardian(s). To consent, please read and sign the form below. Thank you, and don't hesitate to contact us with questions.

If a child has more than one parent or guardian, singular references should be read as plural. Both parents/guardians must fill out and sign this form.

Child's name:		Date of Birth:Age:
Parent/legal Guardian's Nam	e:	
Parent's Address:		
Parent's Res. Phone(s):		
Alternate contact in case of e		
Name:		
Relationship to Child:		
Res. Phone:	Bus. phone:	Cell phone:
training necessary for the saf requirements of the position my child will receive no mone I also understand that inhere	Te and responsible performance of the performance o	It that the child will be provided with orientation and the volunteer duties and will be expected to meet all the dd Gardens' policies and procedures. I understand that inteer activities, including but not limited to broken the will not bold to know all Cardons associated as liable.
· · · · · · · · · · · · · · · · · · ·	ionally result from the child's partici	d will not hold <i>Lakewold Gardens</i> accountable or liable pation, or that arise during time spent volunteering due
My child has the following he	ealth limitations:	
Medical Treatment Authoriz	ation Parent(s)/Guardian(s), initial o	one of the following:
		on to authorize medical care for my child, in the ses.
	be provided upon the advice and su to practice in the United States.	upervision of any physician, surgeon, dentist, or other
Parent/Legal Guardian's Sign	ature(s)	
Date		