



Albany-Berkeley-Emeryville

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## PARENTAL CONSENT FOR MINOR PARTICIPANT

This parental consent form must be completed for all volunteers between the ages of 14 and 17 (**in addition to the Waiver of Rights and Claims by Rebuilding Together Volunteer Participant form on reverse**). Volunteers under the age of 14 cannot participate in Rebuilding Together due to liability insurance provisions.

Name of Minor (please print) \_\_\_\_\_

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

I represent and warrant to Rebuilding Together that I am the parent or legal guardian of the minor named above. The above named minor has my permission to participate in the Rebuilding Together project currently scheduled for the month of \_\_\_\_\_, 200\_. On behalf of such minor and myself, I hereby agree to all of the terms and conditions of the Waiver of Rights and Claims by Rebuilding Together Volunteer Participant.

In case of medical or dental emergency, I request that Rebuilding Together attempt to contact me at the telephone number set forth below. However, I hereby give permission to the physician or dentist selected by Rebuilding Together to hospitalize, treat, secure proper treatment for, and order injections, anesthesia or surgery for the minor named above. A copy of this permission form may be accepted by and treated by the physician or dentist as equivalent to the original permission form.

### PLEASE COMPLETE THE FOLLOWING:

1. Medical Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

2. Family Doctor: \_\_\_\_\_

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

3. Family Dentist/Orthodontist: \_\_\_\_\_

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

4. Any Drug or Food Allergies: \_\_\_\_\_

5. Limitations on Activities: \_\_\_\_\_

6. If I cannot be reached, please contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

\_\_\_\_\_  
Print Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone