



*Christmas in Action * Southeast Michigan*

The Spirit of Giving

PARENTAL CONSENT FOR MINOR PARTICIPANT

Name of Child: _____

The above named child has my permission to participate in the Christmas in Action * Southeast Michigan Home Repair Project (the "Project") currently scheduled for April 24, 2010. On behalf of such child I have signed the Volunteer's Agreement and Release from Liability (the "Release") and hereby agree to all of the terms and conditions of the Release.

In case of medical or dental emergency, I understand that every effort will be made to contact me at the telephone number set forth below. If I cannot be reached, I hereby give permission to the physician or dentist selected by Christmas in Action * Southeast Michigan to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the child named above. A copy of this permission form may be accepted by and treated by the physician as equivalent to the original permission form.

Date Signature of Parent/Guardian Telephone

PLEASE COMPLETE THE FOLLOWING:

1. Medical Insurance Carried: _____
Policy Number _____
2. Family Doctor: _____
Address: _____
Telephone: _____
3. Family Dentist: _____
Address: _____
Telephone: _____
4. Any Drug or Food Allergies: _____
5. Limitations on Activities: _____
6. If I cannot be reached, please contact: _____
Telephone: _____

Date

Signature of Parent/Guardian