



Permission for Minor Child to Participate and Consent or Medical Treatment

I (parent/guardian) _____ hereby give permission for my minor child _____ to participate in activities of the Volunteer Center of Southern Nevada (VCSN), the nonprofit/partner organization or volunteer activity which he/she has agreed to participate.

I fully understand that my child must abide by all rules, regulations and instructions governing conduct during these activities. It is understood that any child who violates any of the behavior standards may be sent home at the parent/guardian's expense.

In the event of any illness or injury, I hereby consent to any x-ray, examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care from a licensed physician and/or surgeon, as deemed necessary for the safety of and welfare of my child. It is understood that the resulting expenses will be the responsibility of the parent/guardian(s) prior to taking any medical action.

Email address minor is registered with VCSN: _____

Signature of Parent/Guardian

Parent/Guardian Telephone Number

Parent Guardian

Printed Name of Parent/Guardian

Health Insurance Provider

Policy Number

Name of Primary Physician

Physician Telephone Number

List any allergies, work restrictions, or medical conditions:

List all medications that the child may need or is taking, as a result of any health condition(s) listed above:

If unable to contact the parent/guardian listed above, please list an emergency contact:

Name of Emergency Contact

Telephone Number

Emergency Contact Relationship to Minor: _____

Upon completion, please return to the Volunteer Center of Southern Nevada:
1660 E. Flamingo Rd., Las Vegas, NV 89119 Ph: (702) 892-2300 Fax: (702) 734-8504
www.VolunteerCenterSN.org