



CHRISTMAS IN ACTION of Oakland County, Inc.

P.O. Box 300324 Waterford, MI 483320 ~ www.ciaoaklandcounty.org 248.618.7433



PARENTAL CONSENT FORM (minors 12-17) *Minors MUST return Signed and Notarized Parental Consent form with their application and bring another copy of this SIGNED & NOTARIZED CONSENT FORM with them to the jobsite*

Minor's Full Name (First, Middle, Last)

Minor's Date of Birth

Working with what Group?

Community working in

The above named minor has my permission to participate in the Christmas in Action of Oakland County, Inc. Home Repair Project, hereinafter referred to as Project, currently scheduled for _____. On behalf of such minor I have signed a Volunteer's Agreement and Release from Liability, hereinafter referred to as 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 my permission to the physician or dentist selected by Christmas in Action of Oakland County, Inc. to hospitalize, secure proper treatment for, and to 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 as equivalent to the original permission order.

Date Signature of Parent/Guardian Telephone Number/Cell Number

I certify that _____ acknowledged in my presence that he/she had read and fully understood the meaning and consequences of the foregoing PARENTAL CONSENT FOR MINOR PARTICIPATION, and signed it in my presence.

NOTARY PUBLIC, OAKLAND COUNTY My Commission expires:

PLEASE COMPLETE THE FOLLOWING:

Name of Medical Insurance Carrier: _____
Policy Number & Group Number: _____
Minor's Primary Physician: _____ Telephone: _____
Primary Physician's Address: _____
Street Address & City: _____
Minor's Dentist/Orthodontist: _____ Telephone: _____
Dentist/Orthodontist Address: _____
Street Address & City: _____
Any Food or Drug Allergies: _____ Limitations on Activities: _____

EMERGENCY CONTACT INFORMATION: The parent/guardian listed above will be the initial person to be contacted, please list two other individuals that can be contacted in case of an emergency.
Contact Name Telephone Number/Cell Number Relationship to Minor
Contact Name Telephone Number/Cell Number Relationship to Minor

Please attend your community's volunteer meeting to get your house location and your T shirt. You will also be given a job assignment so you will know what tools to bring on workday.