



Parental Permission Form for Volunteers Under the Age of 18

I hereby give my permission for my child, named above, to participate in as a volunteer and attend the event or provide the service listed above sponsored by The Geauga County Department on Aging on the date(s) listed above. I authorize any of the staff at The Department on Aging to provide any necessary assistance to my child in any emergency situation including those requiring medical attention.

For questions or comments concerning volunteer opportunities, call:
(440) 279-2138 or (440) 279-2130

Last Name: _____ **First Name:** _____ **Date of Birth:** _____

Group Name (if applicable): _____

Group Contact Name (if applicable): _____ **Group Contact Phone:** _____

Event: _____ **Date:** _____

Name of Parent/Guardian: _____ **Phone:** _____

Emergency Medical Information

Doctor's Name: _____ **Telephone:** _____

Allergies: _____

Medical Conditions: _____

Current Medications: _____

Other Information: _____

Signature of Parent/Guardian

Date