



FIRM, Inc.

1940 N. Fresno St., Fresno, CA 93703
Phone: 559-487-1500 FAX 559-487-1550

YOUTH VOLUNTEER PERMISSION SLIP & MEDICAL INFORMATION/CONSENT FORM

(please read fully, then complete and sign in all places required)

PERMISSION:

I give my permission for _____ (minor's name), born on _____ (date of birth) to volunteer with FIRM on the dates of: _____. During this time, I hereby release FIRM and all of its staff, volunteers, and other representatives, acting officially or otherwise, from any and all actions, causes of action, claims and demands for, upon, or by reason of any injury, damage, loss, or death which may occur from any cause including, but not limited to any accident while participating individually or with others in said event.

Parent or Guardian

Signature: _____ Phone: _____ Date _____

MEDICAL INFORMATION:

Emergency Contact: _____ Phone: _____

Personal Physician: _____ Phone: _____

_____ Medical Conditions or Allergies:

Insurance Provider: _____ Policy #: _____

MEDICAL CONSENT TO TREAT MINOR AND WAIVER OF RESPONSIBILITY:

Also, I (we), the undersigned parent(s)/Legal Guardian(s) of _____ (minor's name), a minor, hereby give Medical Consent to authorize the attending Physician selected by an official group sponsor to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for the minor named on this form.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care deemed advisable by the aforementioned Physician in the exercise of his/her best judgment. It is understood that every effort shall be made to contact the undersigned cannot be reached. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

In addition to the foregoing authorization and in consideration of the benefits to be derived from participation in FIRM activities, I (we) waive on our behalf and on behalf of _____ (minor's name), all claims for ordinary negligence which I (we) may hereafter have on our behalf and on behalf of _____ (minor's name), against FIRM, its staff, volunteers, or other representatives, arising from the events sponsored by FIRM during the time period for which this authorization and waiver has been given. This waiver is given pursuant to Section 1668 of the California Civil Code. I also understand that I (we) will be responsible for all medical costs that might be incurred by the minor named on this form.