



177 W. 6th Ave. P.O. Box 171 Junction City, OR 97448
541-998-9548 www.ichmhabitat.org

This form must be completed by all people intending to volunteer with the Junction City/Harrisburg/Monroe Habitat for Humanity. It must be given to the site host or building supervisor before work is to begin!

IMPORTANT: If the Volunteer is less than 18 years of age, this Parental Authorization also must be signed, and must be accompanied by the Release and Waiver of Liability form.

PARENTAL AUTHORIZATION FOR TREATMENT OF A MINOR CHILD

I, _____, am the parent or legal guardian having custody of a child or children who are under 18 years old and who will be volunteering with JCHM Habitat for Humanity.

I consent to the use of first aid treatment for my child and the use of generic and over the counter medications and treatments as directed by the manufacturer labels, to be administered by JCHM Habitat for Humanity. If an emergency and contact cannot be reached promptly, I hereby authorize the any agent or employee of JCHM Habitat for Humanity or its affiliated organizations to act as an agent for me to consent to any examination, testing, x-rays, medical, dental, or surgical treatment for my child as advised by a physician, dentist, or other health care provider. I also authorize JCHM Habitat for Humanity to arrange for transportation of my child as deemed necessary and appropriate in their discretion.

Name(s) of dependent(s) younger than 18 years of age to be covered by this waiver, parents or guardians must sign below.

No one under the age of 16 is allowed to participate in Habitat's construction or some volunteer projects.

Name: _____ **Date of Birth:** _____

Name: _____ **Date of Birth:** _____

Printed Parent's Name: _____

Address: _____

Home Phone: _____ Alternate Phone: _____

Email Address: _____

Parent's Signature: _____

Emergency/Allergy Information

Volunteer Name: _____

Address: _____

(Include area code)

Phone: _____ Work: _____

Cell: _____

In case of an emergency, please contact:

Name: _____

Relation: _____

Address: _____

(Include area code)

Phone: _____ Work: _____ Other: _____

Allergies (medicine, food etc.): _____