

Medical release for minor

Complete all items (print except for parent signature). Completed original of this form or another in substantially the same form must be received by Volunteers for Outdoor Arizona at our office or at the project sight before minor named below can be permitted to participate.

To whom it may concern:

I _____
(print your name)

give my permission for my son/daughter _____
(print his/her full name)

to receive medical treatment deemed as necessary while on the Volunteers for Outdoor

Arizona project at _____ on _____.
(location of project) (all dates participating)

Parent's/Guardian's signature _____

Date signed _____

Home telephone number (including area code) _____

Address _____

Another emergency contact person _____

Telephone number (including area code) _____

Medical insurance company _____

Medical insurance policy number _____

Medical insurance company phone number _____

Volunteers for Outdoor Arizona
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