**Parental Consent Form**(Required for youth volunteers under 18 years of age)

I hereby consent for my minor child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to participate in programs and activities both on and off the American Red Cross premises as part of the American Red Cross Youth Program.

In regard to the above named student volunteers participation In the above referenced activities and programs, I HEREBY AGREE to release and hold harmless the American Red Cross and its agents, employees and representatives from any and all liability of any kind or nature whatsoever in connection with any loss damage or expense suffered or Incurred by the above-named youth volunteer as a result of an act or failure to act, Intentional or unintentional, by (I) any person who is not an agent, employee or representative of the American Red Cross, or (II) any other youth volunteer.

In the event of a medical emergency and efforts to reach the parent or guardian are not successful, I also authorize the American Red Cross, and its adult agents, employees or representatives into whose care the volunteer has been entrusted to consent to any X-RAY examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the volunteer under the general supervision of the Medical Practice Act or to consent to any X-RAY examination, anesthetic, dental or surgical diagnosis to treatment and hospital care to be rendered to the volunteer by a dentist licensed under the provision of the Dental Practice Act.

My child agrees to abide by all rules, regulations and codes of conduct as outlined by the American Red Cross. I understand that the American Red Cross will not be held liable If my child fails to cooperate with said regulations and that any infractions of the rules may result in immediate dismissal and transportation home at parent/guardian's expense.

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Signature (Parent or Legal Guardian of Youth Volunteer) Date

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Print Name (Parent or Legal Guardian of Youth Volunteer) Date

**Emergency Contact**

Parent/Guardian 1 Parent/Guardian 2 or another emergency contact

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Daytime: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Evening: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Evening: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_