



# The Storytelling Guild Children's Festival

## Release for Emergency Medical Treatment of a Minor (All volunteers under the age of 18 must have a completed form on file in order to volunteer)

Volunteer Name \_\_\_\_\_ Age \_\_\_\_\_

I, the undersigned parent or guardian of the minor(s):

\_\_\_\_\_,  
do hereby authorize representatives of the Children's Festival to consent on behalf of the minor to emergency medical treatment by any qualified health care provider, should a medical emergency arise during his/her participation as a volunteer of the Children's Festival. I understand that reasonable efforts will be made to contact me immediately if such need arises, but the well-being of the minor is the first consideration. I further agree to hold harmless representative of the Children's Festival for giving such consent to treatment.

### Please Complete

Does your child have any chronic illness or drug allergies that might interfere with emergency medical treatment? (Circle one) **Yes**    **No**

If yes, please explain:

### Emergency Contact Information

Parent or Guardian's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

### Insurance Information

Name of Insurance Co. \_\_\_\_\_

Billing Address or Phone Number \_\_\_\_\_

Name of Insured \_\_\_\_\_

Group/Policy Number \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian required

\_\_\_\_\_  
Date Signed

Please check box and sign below if you **do not** wish to give authorization to Children's Festival representatives.

\_\_\_\_\_  
Signature of Parent or Guardian required

\_\_\_\_\_  
Date signed