



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