



# Emerging Families in Engaged Learning and Discipleship (Emerging FIELD)

## PARENT CONSENT FORM - YOUTH VOLUNTEERS

(required for all youth volunteers 17 and under)

\_\_\_\_\_, a minor child, wishes to participate as a volunteer with Emerging Families in Engaged Learning and Discipleship (Emerging FIELD). As the minor's parent/guardian, I hereby consent to his/her participation in the volunteer activity. I am not aware of any physical or medical condition that would interfere with the child's ability to participate. If the child is injured or becomes ill, and the emergency contacts below cannot be reached, I give Emerging FIELD permission to seek medical attention for the child.

I understand that the child may be photographed during the course of volunteering. I, without compensation, consent to and authorize the use and reproduction of any images taken of the child by Emerging FIELD for purposes related to Emerging FIELD and not for commercial gain.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

### EMERGENCY INFORMATION

Please indicate how we can reach you in an emergency:

#### Parent/ Guardian

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

Phone number: \_\_\_\_\_

#### Alternate Emergency Contact

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

Phone number: \_\_\_\_\_

Relationship to child: \_\_\_\_\_