

VOLUNTEER EMERGENCY RELEASE FORM (for minors)

Please ask your parent or guardian to complete the following information for our files. Because you are a minor, if it is necessary to seek medical attention while you are volunteering we must have permission.

EMERGENCY NUMBERS:

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

GENERAL INFORMATION:

Name of Family Physician: _____

Telephone: _____

Hospital: _____

Health Insurance: _____

Contract Number: _____

Any Allergies, Etc: _____

I, _____, hereby authorize the Genesee District Library to seek and authorize emergency medical treatment for my child in the event that none of the above people can be reached.

Signed _____ Date _____

Please return this form along with the Volunteer Application Form to your nearest Genesee District Library branch or mail it to the address below. If you have any questions or for further information, please call 810-732-5570 or e-mail at: hgill@thegdl.org.

Genesee District Library
Attn: Human Resources
G-4195 W. Pasadena Avenue
Flint, MI 48504