



**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.

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**EMERGENCY NUMBERS:**

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

Address: \_\_\_\_\_

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

Address: \_\_\_\_\_

**GENERAL INFORMATION:**

Name of Family Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Hospital: \_\_\_\_\_

Health Insurance: \_\_\_\_\_

Contract Number: \_\_\_\_\_

Any Allergies, Etc: \_\_\_\_\_

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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: \_\_\_\_\_

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*Please return this form along with the Volunteer Application Form to your nearest Genesee District Library branch or mail it to the address below.*

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