



VOLUNTEER PERMISSION, RELEASE, AND MEDICAL AUTHORIZATION/INDEMNIFICATION

Permission/Parental Responsibility:

I hereby give permission for (child's name) _____,
Date of Birth _____ Address _____, to
volunteer for The Friendly Center, Inc. I understand and agree that the transportation of my child to and from
The Friendly Center Inc. activities and the timely pick-up of my child is my sole responsibility.

Insurance Information (optional):

Insurance Carrier: _____

Policy # _____

Activity Restriction, Health Problems, or Allergies:

Emergency/Child Pick-Up Contacts:

Please provide information for individuals who may be contacted in case of emergency.

First Contact Name: _____

Relationship: _____ Phone: _____

Second Contact Name: _____

Relationship: _____ Phone: _____

I will notify you if and when any of the above information changes.

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Signature: _____



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Release of Liability:

I hereby release and hold The Friendly Center, Inc. harmless from any and all claims, demands, liabilities, losses, obligations, causes of action, judgments, costs, and expenses of any nature whatsoever, whether known or unknown, suspected or unsuspected, arising from, in connection with or in any way pertaining to the participation of my child in The Friendly Center Inc.'s programs, including but not limited to day care, field trips, and related activities whether conducted at The Friendly Center, Inc.'s facilities or elsewhere.

Medical Authorization and Indemnification:

I/We, the undersigned parent(s) or legal guardian of _____, a minor, hereby request that he/she be permitted to attend activities sponsored by Friendly center, Inc. and should the need arise, do hereby authorize and consent to (a) release of the medical information recorded above, and x-ray examination; anesthetic, medical, or surgical evaluation, diagnosis or treatment being rendered to my child or ward; however, I/we are executing this Authorization, Release, and Indemnification to expressly provide authority and power to any Health Care Provider to render medical care to our child/ward as that Health Care Provider's best judgment may deem advisable. It is understood that while effort shall be made to contact me prior to rendering medical treatment and care rendered to my child/ward, such treatment or care may nonetheless be rendered in the event I cannot be reached. I also agree that I will reimburse Friendly Center, Inc., its officers, directors, staff, affiliated organizations for medical treatment and care rendered to my child/ward. I further expressly agree that I will reimburse Friendly Center, Inc. for the medical or other expense incurred in the care of my child/ward and I will indemnify and hold harmless Friendly Center, Inc. from all claims, demands, suits, or other similar actions arising from the medical treatment or care of my child/ward. I/we warrant that I/we have legal authority to execute this Medical Authorization, Release, and Indemnification. I/we further agree that a copy of this document has the full force and effect of an original.

Parent(s)/Guardian(s) Phone: _____ Date: _____

Parent(s)/Guardian(s) Name: _____

Parent(s)/Guardian(s) Signature: _____