

VOLUNTEENS PARENT/GUARDIAN PERMISSION AND STUDENT INFORMATION 2022-2023

_____ I give my child permission to participate in VolunTEENS at MVMS.
(check here)

_____	_____	_____
Student's Name	Grade	Team
_____	_____	_____
Parent/Guardian's Name (Please print)	Signature	Date
_____	_____	_____
Home Address	City	Zip
_____	_____	_____
Home Phone	Work Phone	Cell Phone

EMERGENCY INFORMATION

In case of emergency please contact:

_____	_____	_____
Name	Relationship	Phone

Is your child affected by any of the following:

- * Heart problems of any type? Yes No
- * High Blood Pressure? Yes No
- * Arthritis or another bone or joint problem? Yes No
- * Any other disease or health condition not listed above? Yes No
- * Glaucoma? Yes No
- * Diabetes? Yes No

If yes, please describe: _____

List any Allergies: _____

The information I have provided above is complete and accurate. Yes No

STUDENT RELEASE (PICK UP)

As parent/guardian, I understand that VolunTEENS will meet immediately after school on designated school days and will end by 4:30 p.m.

_____ I will pick up my child at 4:35 each meeting day for the duration of the program

_____ My child will go to the library media center each meeting day until 4:45. I will pick up my child from MVMS at 4:45.

_____ My child will go to the library media center each meeting day until 4:45. My child will take the late bus home. I understand that my child must sign up for the late bus by 1:00.

Parent/Guardian Signature

Date