



Capuchin Soup Kitchen

**PARENTAL/GUARDIAN CONSENT**

\_\_\_\_\_, a minor, wishes to participate as a Capuchin Soup Kitchen volunteer.

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 his/her ability to participate. If he/she is injured or becomes ill and neither I nor any other parent/guardian identified below can be reached, I give the Capuchin Soup Kitchen permission to seek medical attention for him/her.

I understand that, like other volunteers, a minor may be photographed during the course of the volunteer activity. With respect to the above-named minor (please check one):

- I grant full and unlimited permission to the Capuchin Soup Kitchen, and its agents and affiliates, to use the his/her photograph or any other record of participation in this volunteer activity in any broadcast, telecast or other account of the volunteer activity for publicity purposes, without compensation.
- I do not grant permission for his/her photograph or record of participation in this volunteer activity for publicity purposes.

**Signature of Parent/Guardian**

\_\_\_\_\_ Date \_\_\_\_\_

**Printed Name of Parent/Guardian**

\_\_\_\_\_

**EMERGENCY INFORMATION**

**Please indicate how we can reach you in an emergency**

Parent/Guardian 1

Parent/Guardian 2 (or Emergency Contact)

Name:

Name:

Relationship to child:

Relationship to child:

Home phone:

Home phone:

Mobile phone:

Mobile phone:

Office phone:

Office phone: