

**Teen Volunteer Permission Form
Hilliard Free Lunch Summer Camp for Kids 2017**



I agree to be a positive role model abiding by all Summer Lunch Camp guidelines; including SON Ministries values.

Teen Signature _____

Form must be completed in full, signed by the parent/guardian and Teen.

Teen's name _____ cell _____ Receive texts? Yes No

_____ Street _____ City _____ State _____ Zip _____

School _____ grade _____ birth date ____/____/____

Teen's Email Address: _____ Sex (circle) Male / Female

Does anyone in your household receive a free/reduced lunch at school? (circle): Yes No

Emergency Phone Numbers

Parent/Guardian home: _____ work: _____ cell: _____

Email: _____

Other person: _____ Relationship _____ phone: _____

Medical Information (concerning emergency treatment)

Medical Insurance Co.: _____

Allergies: _____ Physical limitations: _____

Authorization Release Form for Treatment and Photographic Release

I give my permission for _____ (teen) to volunteer for **Hilliard Free Lunch Summer Camp for Kids**. I hereby release SON Ministries/UALC The Church at Mill Run staff and volunteers and sponsors from responsibility and liability for any illness or injury that the above-mentioned child may sustain during any activity, and any and all claims and liabilities. In the event of an emergency, I hereby authorize an adult leader of the activity, as agent for me, to consent to any X-ray examination, medical, dental, or surgical diagnosis, anesthesia, treatment, and hospital care advised and supervised by a licensed physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are to be rendered, either at the physician's office or in a hospital. I expect to be contacted as soon as possible if an emergency occurs.

I understand that I and/or my child(ren) may be photographed or videotaped while at this program and I consent to the use of these photographs or copies of them in any editorial and/or promotional material produced and/or published by Upper Arlington Lutheran Church or Serving Our Neighbors (SON) Ministries. No child or adult names will be used.

Name (Please Print) of Parent/Guardian _____

Date: _____

Signature of Parent/Guardian _____

Please email to Kathleen Turvy at kturvy@son-ministries.org or bring with you the first time you volunteer.