# Giving Garden Permission Card

Volunteer Name:_____Age: _____

**EMERGENCY CONTACT INFORMATION**

Parent /Guardian name:_____

Email: _____Cell Phone #: _____

In case of an emergency, if parent/ guardian above can't be contacted, please notify:

Name:_____Relationship:_____

Cell Phone #: _____

**PHOTO / ALLERGIC REACTIONS / CONDITIONS / MEDICAL:**

Do you consent to allow photographs of your child for publicity? Yes / No

Allergies to Bee Stings /Plants /etc. (List): _____

_____

Other: Does your child carry an EpiPen? Yes / No

Are there any illnesses for which this child is currently receiving treatment and / or medication? Yes / No
If yes, please list and describe treatment:_____

In Case of a medical emergency, I hereby authorize any licensed physician, hospital, clinic, or other medical facility to hospitalize and secure proper treatment for my child as named above. In the event that a parent / guardian or contact person cannot be reached by telephone, I authorize the Giving Garden adult host to secure emergency treatment for my child.
I am releasing Giving Garden and/or any adults who are leading, directing, chaperoning, transporting, hosting, or who are in any other manner responsible for the activity from any and all liability for accidental injury to my child whatsoever. Yes or No.

Signature:_____ Date:_____