



VOLUNTEER EMERGENCY RELEASE FORM (for minors)

Please ask your parent or guardian to complete the following information for our files. Because you are a minor, if it is necessary to seek medical attention while you are volunteering we must have permission.

EMERGENCY NUMBERS:

Name: _____ Telephone: _____

Address: _____

Name: _____ Telephone: _____

Address: _____

GENERAL INFORMATION:

Name of Family Physician: _____

Telephone: _____

Hospital: _____

Health Insurance: _____

Contract Number: _____

Any Allergies, Etc: _____

I, _____, hereby authorize the Genesee District Library to seek and authorize emergency medical treatment for my child in the event that none of the above people can be reached.

Signed: _____ Date: _____

Please return this form along with the Volunteer Application Form to your nearest Genesee District Library branch or mail it to the address below.

**Genesee District Library
Attn: Human Resources
G-4195 W. Pasadena Avenue
Flint, MI 48504**