

**Christmas In Action of Oakland County, Inc.**  
**PARENTAL CONSENT FOR MINOR PARTICIPATION**

\_\_\_\_\_  
Minor's Full Name (First, Middle, Last)

\_\_\_\_\_  
Minor's Date of Birth

The above named minor has my permission to participate in the Christmas in Action of Oakland County, Inc. Home Repair Project, hereinafter referred to as Project, currently scheduled for \_\_\_\_\_. On behalf of such minor I have signed a Volunteer's Agreement and Release from Liability, hereinafter referred to as Release, and hereby agree to all of the terms and conditions of the Release.

In case of medical or dental emergency, I understand that every effort will be made to contact me at the telephone number set forth below. If I cannot be reached, I hereby give my permission to the physician or dentist selected by Christmas in Action of Oakland County, Inc. to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the minor named above. A copy of this permission form may be accepted by and treated by the physician as equivalent to the original permission order.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Telephone Number

I certify that \_\_\_\_\_ acknowledged in my presence that he/she had read and fully understood the meaning and consequences of the foregoing PARENTAL CONSENT FOR MINOR PARTICIPATION, and signed it in my presence.

\_\_\_\_\_  
NOTARY PUBLIC, OAKLAND COUNTY  
My Commission Expires:

PLEASE COMPLETE THE FOLLOWING:

Name of Medical Insurance Carrier: \_\_\_\_\_  
Policy Number & Group Number: \_\_\_\_\_

Minor's Primary Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Primary Physician's Address: \_\_\_\_\_  
Street Address & City

Minor's Dentist/Orthodontist: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Dentist/Orthodontist Address: \_\_\_\_\_  
Street Address & City

Any Food or Drug Allergies: \_\_\_\_\_

Limitations on Activities: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:** The parent/guardian listed above will be the initial person to be contacted, please list two other individuals that can be contacted in case of an emergency.

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Contact Name

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Relationship to Minor

*Please attach a copy of all health and dental insurance cards.*