

Parental Consent Form

to be completed by parents of students under 18 years old

Student's Name: _____ Date of Birth: ____/____/____

Address: _____

Email: _____ Cell #: _____

In case of emergency, please give name, relationship and phone numbers of person (other than parent/guardian) who we can contact:

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

Please complete the following information concerning your child's medical history:

Allergic Reactions _____

Known medical conditions/problems _____

Medications _____

Blood Type (if known) _____ Dr's Name and phone #: _____

I, _____, give permission for my
(please print full name)
son/daughter to participate as a volunteer for Fortress Youth Development Center.

Home# _____ - _____ - _____ Work# _____ - _____ - _____ Cell# _____ - _____ - _____

Email: _____

Signature: _____ Date: _____

As a volunteer group, your teens will make a tremendous difference in the lives of our children and their families. From the Fortress YDC Staff, Board, and students, we thank you and look forward to serving with you!

FORTRESS



FORTRESS YOUTH DEVELOPMENT CENTER

...igniting powerful change in the lives of urban youth

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