

Heartland Big Brothers Big Sisters Special Activity Permission Form

THIS FORM GIVES PERMISSION FOR THE ACTIVITY OF (Please explain):

_____ Out of County _____

_____ High Risk Activity _____

that _____ and _____
(Volunteer's Name) (Youth's Name)

will be participating in.

I give permission for my child _____
(Youth's Name)

to participate in the above mentioned activity. This activity is to take place on
_____.

List Date(s)

I do also release said volunteer and Heartland Big Brothers Big Sisters of any liability.

(Parent or Guardian Signature)

(Date)

I give my permission to the volunteer, that in the event of an emergency, he/she may obtain emergency medical care for my child, if after an attempt to contact me has proven unsuccessful.

My insurance coverage is with

My policy/membership # is _____

(Parent or Guardian Signature)

(Date)

Received by: _____ (Big Brothers Big Sisters Staff) _____ (Date)