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City of Carlton

Parent or Guardian's Authorization for Medical Care and Consent to Agreement

Required for All Minors

I, _____, as parent or legal guardian hereby grant permission for _____ to do volunteer work for the City of Carlton. In the event of an emergency, accident, or illness, I authorize the City of Carlton and its employees to administer emergency medical care to my child and/or, if deemed necessary, to secure emergency medical services and incur expenses for which I will be responsible for payment. My signature below hereby represents that I have read, understand, and consent to the volunteer agreement.

Signature: _____ Date: _____