



CONSENT TO ALLOW MINOR TO VOLUNTEER AT AMSE

The American Museum of Science and Energy (AMSE) uses the services of volunteers to assist in the efficient and economical operation of the museum. We welcome and encourage the participation of youth and young adults in our volunteer program and want to ensure that you agree with this valuable service.

I am the parent or legal guardian of _____, a minor.

I hereby authorize and consent to the volunteer services as described above and authorize medical and surgical care and treatment in any circumstance which, in the judgement of the attending physician, or responsible health care professional, requires such care or treatment.

Signature of Legal Guardian

Date

Street Address:		
City:	State:	Zip:
Primary Contact:	Relationship:	
Phone No.:	Alternate Phone No.:	
Secondary Contact:	Relationship:	
Phone No.:	Alternate Phone No.:	

In case of Emergency

Emergencies may arise though unanticipated causes such as slip-and-fall accidents and the like. Since time and/or distance can make it difficult to contact you for consent to medical care and treatment in an emergency, it will be necessary for you to give permission to authorize such care or treatment without first contacting you. If medical care or treatment for conditions less than an emergency is indicated, you will be contacted before such care or treatment.

Medical Information

Date of Birth:	Date of last tetanus shot:
Allergies to medication or foods:	
Child's Physician (include name and phone number):	
Regular medication being taken:	