



Service Works Permission Form

Participant's Name _____ Age _____

Participant's Cell Number _____

Emergency Information

In the case of an emergency, we will always contact the parents of guardians first. In the event that we are unable to reach you, please list three people we can contact.

Name _____ Phone: _____

Name _____ Phone: _____

Name _____ Phone: _____

Family Physician _____ Phone: _____

Does your child have allergies, medications, or any other medical condition(s) we should be aware of?

Medical and Confidentiality Release

If my child is injured and I am unavailable, the Service Works program staff has my permission to sign for emergency treatment. I waive all claims against Service Works and its staff. I also waive claims against the emergency care provided by the hospital and its staff.

I also authorize the release of information regarding my child's performance at Service Works to the referring agency.

To the best of my knowledge, I have filled out all of the Service Works forms truthfully.

Signature of Parent/Guardian Date