



OCLTRG * PO Box 655 * Pateros WA 98846

Youth Volunteer Guardian Release & Consent Form

Name of Youth Volunteer: _____

Date of Birth: _____ Medical Insurance Company: _____

Policy# _____ (Attach copy of Insurance Card)

Emergency Contact: _____ Relationship: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Does your guardianee have any physical limitations that might affect his/her work?

Please list any medications or allergies: _____

Special needs if any: _____

I hereby give permission for my guardianee to serve in a Disaster Response project coordinated by The Okanogan County Long Term Recovery Group (OCLTRG). In the event of an emergency during the duration of the trip I hereby give consent to a licensed physician to hospitalize, secure proper treatment, anesthesia and/or surgery for my guardianee named above. I understand that I am responsible for his/her medical insurance. I will not hold The Okanogan County Long Term Recovery Group (OCLTRG), Independent Contractors, Construction Contractors, Officers & Board Members liable for any injury or damage to my guardianee while engaged in the disaster project.

Parent or Legal Guardian Name: (Please Print)

Signature: _____ Date: _____