



**Teen Volunteer
Parental/Guardian Permission**

I, _____, hereby allow my son/daughter/minor,
(Legal Guardian Name)

_____, (hereinafter referred to as "child") for whom I
(Name of Volunteer Minor)

am the legal guardian to volunteer at the Planned Parenthood's Book Sale. I understand that his/her services are being offered on a voluntary basis without anticipation of financial remuneration. I hereby agree to indemnify and hold harmless PP from and against any and all claims, demands, losses or liability, including any injury to my child, associated with my child's participation in the volunteer program.

I also understand that it is Planned Parenthood mission to promote strong families, planned, wanted children and sexual health for all and that it is PP goal to accomplish its mission through reproductive health, advocacy and education services.

Medical Waiver

I hereby grant PP and its employee's permission to, at their discretion, seek and authorize emergency medical treatment for my child and I hereby agree to assume all medical costs incurred.

I have read and agree to abide by the above policy.

Print Name of Parent or Guardian

Signature of Parent or Guardian Date

Emergency Contact Information

Please print

Name of Emergency Contact Phone Number

Address of Emergency Contract City Zip