



Coastal Bend Disaster Recovery Group
111 N. Odem Street Suite 4 Sinton, TX 78387
Volunteer Parent 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 child 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 child to serve in a Disaster Response project coordinated by The Coastal Bend Disaster Recovery Group (CBDRG) . 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 child named above. I understand that I am responsible for his/her medical insurance. I will not hold Coastal Bend Disaster Recovery Group (CBDRG) , Independent Contractors, Construction Contractors, Officers & Board Members liable for any injury or damage to my child while engaged in the disaster project.

Parent or Legal Guardian Name: (Please Print)

Signature: _____ Date: _____