



EMERGENCY AUTHORIZATION

Child's name: _____ Home phone: _____

Birth date: _____

Mother's name: _____ Father's name: _____

Employed at: _____ Employed at: _____

Work phone: _____ Work phone: _____

Names of friends or relatives to call, if you cannot be reached:

1. _____ Phone: _____ or _____

2. _____ Phone: _____ or _____

Doctor to be called in an emergency:

1. _____ Phone: _____ or _____

2. _____ Phone: _____ or _____

I hereby grant permission for the director or supervisors staff person to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

- 1. Attempt to contact a parent or guardian.
- 2. Attempt to contact the child's physician.
- 3. Attempt to contact a parent through any of the persons listed on this form.
- 4. If we cannot contact you or your child's physician, we will do any or all of the following:
 - (a) Call another physician or paramedics
 - (b) Call an ambulance
 - (c) Have the child taken to an emergency hospital in the company of a staff member

Any expenses incurred under step 4, will be borne by the child's family.

Date: _____ Signature: _____
(parent or legal guardian)



PARENT PARTICIPATION CONTRACT

I understand that COTS / The Petaluma Kitchen activities are volunteer activities that, depending on the project, may include working with young children, in the outdoors, and with other teenagers. Some projects require physical labor and the use of simple tools.

I understand that the nature of the activities performed during any volunteer shift prohibits the COTS / The Petaluma Kitchen Staff from being prepared to deal with *every* situation that may occur with the youth while volunteering at the site. I also understand and agree that COTS / The Petaluma Kitchen is not liable for any accident or injury that may occur while my child is performing these volunteer activities.*

I agree to be available to pick up my child immediately if contacted by the COTS / The Petaluma Kitchen Staff due to *any* disciplinary problem with them which could include, but is not limited to, drug or alcohol use, fighting, dangerous behavior, etc.

Student name (printed)

Parent name (printed)

Date:

Parent signature

Daytime phone

Evening phone

*Please complete the COTS / The Petaluma Kitchen Emergency Authorization form