

# Youth Permission to Participate



Recovery Café requires all youth under the age of 18 to provide proof of permission from a parent or legal guardian prior to volunteering. Please fill out the following information and return it to the Café.

Youth Volunteer: \_\_\_\_\_ Birthdate (mm/dd/yy): \_\_\_\_\_

School/organization: \_\_\_\_\_

## For Parents/Guardians

I give permission for the above stated to participate in volunteer activities at Recovery Café. I understand that Recovery Café serves individuals who have been traumatized by homelessness, addiction, and mental health challenges. I also give permission for photographs or video of my youth to be used by Recovery Café for promotional or other purposes.

In the case of a medical emergency, I hereby authorize the Recovery Café staff, as agents for me, to consent to any necessary medical, dental, or surgical diagnoses and treatment, advised and supervised by a physician, surgeon, or dentist. This authorization extends to any emergency room treatment, and admission and treatment as an inpatient, considered necessary by the attending physician. I understand that in the event of such an emergency, I will be contacted as soon as possible.

If I (we) cannot be reached in the event of an emergency, the following person is authorized to act in my (our) behalf:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Additionally, I understand that all youth must be accompanied by an adult when they are volunteering at Recovery Café. I confirm that I (or the following adult) will accompany the above stated youth at all times when s/he is volunteering at Recovery Café.

Accompanying adult, if not parent/guardian: \_\_\_\_\_

Parent name (print): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_