



Volunteer Parental Permission Form

As legal guardian of _____ I give my permission for the aforementioned minor to participate in volunteer activities at Florida Wildlife Hospital. I understand, as does my child/ward, that responsible conduct is expected at all times and that any questions that arise are to be brought to the supervisor of the volunteer activity in which he/she/they are directly involved. Florida Wildlife Hospital retains the right to dismiss any volunteer whose activities or behaviors during service to the hospital are deemed inappropriate, or not within the best interests of the hospital.

I further give Florida Wildlife Hospital permission to seek emergency medical attention for my child/ward and agree to absolve them of all medical costs.

I understand that volunteers should not be dropped off before 9:00 AM and must be picked up by 5:00 PM.

My child/ward has the following medical conditions/allergies:

Parent/Guardian Signature

Date

Printed Name

Day time phone:

Minor Signature

Date

Printed Name