



STUDENT VOLUNTEER APPLICATION

NAME: _____

ADDRESS: _____

PHONE: ____/____ **street** FAX: ____/____ **city** **zip**

EMERGENCY CONTACT: _____

PHONE: ____/____ **name** **relationship**

PARENT'S PERMISSION AND EMERGENCY MEDICAL FORM

I, the undersigned parent or legal guardian of the minor named above, do hereby request that she/he be permitted to participate in ENC activities beginning at the date of signature and continuing for one year. Should the need arise, I do hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the Medicine Practice Act or a dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient but that any of the above treatments will not be withheld if the undersigned cannot be reached. I hereby agree to indemnify and hold harmless the Environmental Nature Center, the Newport-Mesa Unified School District and any of their officers, agents, or employees from any liability, claim or action for damages resulting from, or in any way arising out of volunteering at or for the ENC.

This authorization is given pursuant to Section 6910 of the Family Code of California and remains effective for one year from the date of signing.

Physician's Name _____ Phone: ____/____

Is person taking medicine? No ____ Yes ____ Specify Name: _____ Dosage: _____

Upon returning this form, I immediately consent to the use of my name, likeness and photo for use in all manners by the ENC staff, including displays, newsletters, brochures or any other lawful purposes.

Parent/Guardian's Signature _____

Date _____

Volunteer's Signature _____

Date _____