Saint Paul – Ramsey County Public Health Yard Waste Site Service - Parental Consent Form

If a participant is under the age of 18 years, the following must be completed and signed by a parent or legal guardian.

Sponsoring Organization: (Please print)	
Date(s): of volunteer activities:	
Name of person under 18:	_
Name of parent/guardian:	_
Emergency Information: Telephone number where parent/guardian can be reached:	
Home: Cell:	
If parent or guardian is unable to be reached, the following is an alternate	contact:
Name:	
Relationship to person under 18:	
Phone:	
Consent and Release:	
I hereby give(name of person under 1	8) permission
to perform service at a Saint Paul – Ramsey County Public Health yard wa	
understand that in the event of an emergency either the County or Sponso	oring
Organization will attempt to contact me. I release Ramsey County from a	ll liability for
any injuries (name of person under 18) may su	ffer while
participating in this event.	
Parent/Cuardian	Data
Parent/Guardian	Date