

**Student Consent Form for Volunteer Participation
in Flat Rock Brook Activities**
(not required for adults)

Name of Volunteer _____ Birth Date _____

Participant's Medical _____
Insurance Coverage Name of Company Name of Policy Holder

Policy Number: _____

Participant is Medications: _____ Yes _____ No Specify: _____
allergic to: Food items: _____ Yes _____ No Specify: _____
 Bee Stings: _____ Yes _____ No
 Other: Specify: _____

Is participant on any medication? _____ Yes _____ No Specify: _____

Special needs (physical or emotional): _____

In an emergency contact:

Name _____ Phone (_____) _____

Relationship _____

Name _____ Phone (_____) _____

Relationship _____

Doctor _____ City _____

Doctor's Phone (_____) _____

As a volunteer with the Flat Rock Brook Nature Association (FRBNA), I recognize that there may be risks associated with my participation and release and hold harmless FRBNA, its personnel, trustees and the City of Englewood. In the event I need medical attention and my emergency contact can no be reached by phone, I consent to emergency medical care.

Signature _____ Date: _____

Signature of Guardian (if applicable) _____ Date: _____