

Project #: _____ Group Name _____ Homeowner _____

**Rebuilding Together Arlington/Fairfax/Falls Church, Inc.
MEDICAL TREATMENT AUTHORIZATION FOR PARTICIPATING MINOR
(at least 14 years old)**

(Must be accompanied by Volunteer Agreement and Release from Liability – Minor)

Name of minor: _____ (Please print)

I represent and warrant to Rebuilding Together Arlington/Fairfax/Falls Church, Inc. (RT-AFF) that I/We am/are the parent(s) or legal guardian(s) of the minor named above. The above named minor has my/our permission to participate in the RT-AFF program (the "Program"). On behalf of such minor and myself/ourselves I have signed a Volunteer Agreement and Release From Liability Form – Minor (the "Release") and hereby agree to all of the terms and conditions of the release.

In case of medical or dental emergency, I request that RT-AFF attempt to contact me at the telephone number set forth below. However, I hereby give permission to the physician or dentist selected by RT-AFF to hospitalize, treat, secure proper treatment for, and order injections, anesthesia or surgery for the minor named above. A copy of this permission form may be accepted by and treated by the physician or dentist as equivalent to the original permission form.

Name of Parent/Guardian (Please print) Signature

Address: _____

Phone: _____ Date: _____

1 Medical Insurance Carrier: _____ Policy #: _____

2 Family Doctor: _____ Phone: _____

Address: _____

3 Family Dentist/Orthodontist: _____ Phone: _____

Address: _____

4 Any Drug or Food Allergies: _____

5 Limitation on Activities: _____

6 If I cannot be reached contact: _____ Phone: _____

**This form must be completed prior to any volunteer activities,
keep on site during the work day and return to
Rebuilding Together-AFF, 10723 Main St, #135, Fairfax, VA 22030
Email PDF: info@rebuildingtogether-aff.org or call (703) 528-1999 for additional information**