

EMERGENCY RELEASE

I, _____ hereby give my permission to

Community Service Agent

to call or obtain services of a physician or hospital for medical or surgical care for

_____ should an emergency arise.
Youth's Name

I understand that a conscientious effort will be made to locate a parent or guardian before any action will be taken. I, also, agree that participation in the Teen Court program is a voluntary process and I will waive any liability on the part of

_____ during the term of my child's community service hours.
Community Service Agent

Again, I understand that all precautions will be taken to insure my child's safety during the course of the job.

Mother's Work Phone _____

Father's Work Phone _____

Home Phone _____

Personal Physician _____

Hospital Preference _____

**My child is under a physician's care for the following conditions: _____

**My child takes the following medication(s): _____

Signature of Parent

Date