

MEDICAL TREATMENT AUTHORIZATION
FOR PARTICIPATING MINOR, 14 – 18yrs
(Must be accompanied by Volunteer Release form signed by parent)

Name of minor: _____

I represent and warrant to Rebuilding Together ★ Portland that I am the parent or legal guardian of the minor named above. The above named minor has my permission to participate in the Rebuilding Together Portland project (the “Project”) currently scheduled for April __, 2008.

On behalf of such minor and myself, I have signed a Volunteer’s Agreement and Release from Liability (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 Rebuilding Together ★ Portland attempt to contact me at the telephone number set forth below. However, I hereby give permission to the physician or dentist selected by Rebuilding Together ★ Portland 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.

_____	_____	_____
Date	Signature of Parent/Guardian	Telephone

PLEASE COMPLETE THE FOLLOWING:

1. Medical Insurance Carrier: _____
Policy Number: _____
2. Family Doctor: _____
Address: _____
Telephone: _____
3. Family Dentist/Orthodontist: _____
Address: _____
Telephone: _____
4. Any drug or food allergies: _____
5. Limitation on activities: _____

6. If cannot be reached, please contact: _____
Telephone: _____