

**LAMB's Basket Food Pantry**

**Medical Release Form**

**(Required for ALL Volunteers under the age of 18 years NOT ACCOMPANIED BY A PARENT OR GUARDIAN while at the pantry)**

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age: \_\_\_\_\_  
(Please Print)

Child's Address \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_

Name of Parent/Legal Guardian: \_\_\_\_\_  
(Please Print)

Address: (If different from Child's Address) \_\_\_\_\_  
City/State/ZIP \_\_\_\_\_

**Emergency Contact**

**Father:**

Home Phone Number: \_\_\_\_\_  
Work Phone Number: \_\_\_\_\_  
Cell Phone Number: \_\_\_\_\_

**Mother:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Guardian Contact (Relation to Minor Child):** \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

**MEDICAL INFORMATION:**

Allergies (Food/Medication) \_\_\_\_\_  
Any medical condition or medical history that should be known to the staff: \_\_\_\_\_  
Date of last Tetanus Shot: \_\_\_\_\_  
Name of Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL FACILITY PREFERENCE:**

Hospital: \_\_\_\_\_  
Other Medical Center: \_\_\_\_\_

**INSURANCE INFORMATION:**

Medical Insurance Provider: \_\_\_\_\_ Group No.: \_\_\_\_\_  
Policy Number: \_\_\_\_\_  
Insured's Name: \_\_\_\_\_ Relationship to Minor Volunteer: \_\_\_\_\_

**\*\*\* IMPORTANT: Attach a copy of the Insurance Card to this form - Form will not be accepted without this attachment \*\*\***

In the event of a medical emergency and a parent or other contact person named above cannot be reached, I authorize LAMB's Basket Management Staff/Other Adult Volunteer(s) to obtain emergency medical treatment for my child, and I further authorize any licensed physician to examine my child and render such medical and/or surgical treatment which, in such physician's reasonable judgment, may be deemed necessary for my child's health and safety.

**RELEASE/HOLD HARMLESS:** The undersigned hereby releases LAMB's Basket Management Staff/Other Adult Volunteer(s) from and against any and all liability arising out of the above child's volunteer services to the LAMB's Basket, including but not limited to all claims for personal injury while in volunteer services at the LAMB's Basket and/or all claims for medical services rendered.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_