



City of Sacramento,
 Animal Care Services
 2127 Front Street
 Sacramento, CA 95818
 Phone: 916/808-7387
 Fax: 916/808-5386

Visit Our Web site:
www.SacPetSearch.com

PARENTAL CONSENT FORM

ALL VOLUNTEERS UNDER 18 YEARS OF AGE MUST HAVE A PARENT OR LEGAL GUARDIAN COMPLETE THIS SECTION

CONSENT OF PARENT OR LEGAL GUARDIAN FOR MINOR'S PARTICIPATION AS A VOLUNTEER:

I, _____, the parent or legal guardian of _____ choose to permit _____ to participate as a volunteer. I understand that my child's or ward's services are being offered on a voluntary basis without anticipation of any financial remuneration. I agree that he/she will abide by any rules and direction provided by those helping to administer the volunteer program. I understand that my child is covered under the City's workers compensation insurance in the event of an injury from rendering a volunteer service. He/she will report any injury or incident to his/her supervisor immediately.

Signature of Parent or Legal Guardian _____ Date _____

CONSENT OF PARENT OR LEGAL GUARDIAN TO MEDICAL, DENTAL, OR HOSPITAL CARE OF MINOR VOLUNTEER:

I, _____, the parent or legal guardian of _____, a minor who was born on _____ authorize medical, dental, surgical or hospital care, treatment, or diagnosis of said minor and I agree to pay for any medical, dental, surgical, or hospital diagnosis, treatment, or care rendered to or for said minor.

Signature of Parent or Legal Guardian _____ Date _____

CONSENT OF PARENT OR LEGAL GUARDIAN TO USE OF IMAGE OF MINOR VOLUNTEER IN PUBLIC RELATIONS:

Any photos and videos of _____, my child or ward, may be used in City of Sacramento Public Relations.

Signature of Parent or Legal Guardian _____ Date _____



City of Sacramento
GENERAL SERVICES
Getting It Done!

CALL
 我們講中文
 Hablamos español
 Мы говорим по-русски
 ພວກເຮົາເວົ້າພາສາລາວ
 Peb hais lus Hmoob
 Chúng tôi nói tiếng Việt

Animal Care Services
 916-808-PETS (7387)