



Volunteer Permission Slip

I, [Parent/Guardian Name] _____, give permission for my child, [Child's Full Name] _____, to participate in volunteer activities organized by the **Heart Of Gold Sickle Cell Foundation of Northern Virginia**. I understand and acknowledge that participation in these activities involves certain risks, and I accept those risks on behalf of my child.

Supervision: All volunteers will be supervised by authorized Foundation personnel.

Emergency Contact Information:

- Parent/Guardian Name: _____
- Phone Number: _____

Medical Information:

- In case of emergency, I authorize the Heart Of Gold Sickle Cell Foundation to obtain medical treatment or assistance for my child, if necessary. I will assume any associated costs.

Release of Liability:

- I release and hold harmless the Heart Of Gold Sickle Cell Foundation of Northern Virginia and its agents or representatives from any liability, claims, or damages arising out of participation in volunteer activities.

Transportation:

- Transportation to and from the volunteer site is the responsibility of the volunteer or parent/guardian. The Foundation will not be providing transportation.

By signing below, I confirm that I have read and understood this permission slip. I consent to let my child participate in volunteer work for the Heart Of Gold Sickle Cell Foundation of Northern Virginia, and I agree to all the terms and conditions outlined above.

Date: _____ Signed: _____