

Hockinson School District

Student Volunteer Form

(360)-448-6400

Student Name: _____ Date of Birth: _____ Grade: _____

(PLEASE PRINT)

As the parent/legal guardian of the above named student, I give permission for my child to Volunteer for the,

Event: _____ Date: _____

I understand that transportation will be by, _____

(Transportation Type / Company / Departure & Return Dates)

In the event of any medical emergency while volunteering, I authorize emergency care to be given to the above named student and insure proper care of any injury or emergency situation. I authorize emergency transportation if deemed necessary. Every effort will be made to contact the parent/guardian prior to treatment.

Parent / Legal Guardian Name: _____

(PLEASE PRINT)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Physician Name: _____ Phone: _____

Insurance Co.: _____ Policy No.: _____

Known Medical Condition(s): _____

Allergies: _____ Date of Last Tetanus: _____

Medications: _____

Parent/Guardian Signature: _____ Date: _____

**Please Note: Student discipline record will be reviewed prior to approval.
Please review Student Conduct Policy and Procedures.
Please have district office copy your student ID.**

Superintendent/Designee Signature

School

Date