



TOWN OF NEW MILFORD

Department of Social Services
40 Main Street 2nd Floor, New Milford, Connecticut 06776
Telephone (860) 355-6079 • Fax (860) 355-6019

VOLUNTEER/COMMUNITY SERVICE PARENT RELEASE FORM

As the parent/legal guardian of _____,
Name of Minor Volunteer

I hereby give my consent for the above named registrant to volunteer for New Milford Social Services. I also agree that I and the above named registrant will abide by the safety requirements as indicated by the Social Services staff. I hereby release, discharge, and/or otherwise indemnify the New Milford Social Services Department, its sponsors and employees from any claims arising out of injury to the above named registrant. Furthermore, I hereby give consent for emergency medical care by the staff of the Town of New Milford, Department of Social Services.

Legal Authorization and Consent for the above items:

➤ **PARENT/LEGAL GUARDIAN SIGNATURE:** _____
PRINT NAME: _____ **DATE:** _____

Emergency Information: Important medical information (include allergies; medications; physical limitations)

Parent/Legal Guardian Home Phone _____
 Cell Phone _____
 Work Phone _____

Special Instructions _____

➤ **PARENT/LEGAL GUARDIAN SIGNATURE:** _____
PRINT NAME: _____ **DATE:** _____