



Peabody Museum of Natural History

VOLUNTEER PROGRAM

Parent/Guardian Consent to Treatment

I/we the parent(s)/guardian(s) of _____ (volunteer) acknowledge his/her participation in the Yale Peabody Museum Volunteer Program.

Since the school, which he/she attends, is not sponsoring this program I/we recognize that student accident insurance would not be applicable in the event of accident or injury.

I agree to hold Yale University, its agents, officers, employees and volunteers harmless from any liability, loss, expense or claim for injury or damages arising from the volunteer's participation in this program.

If a medical emergency occurs, every effort will be made to contact me/us or the person designated below; however, if I/we cannot be contacted immediately, the Peabody Museum or its agent or representative is authorized by me/us to request and authorize emergency treatment by a qualified physician, surgeon, or hospital as needed. I/we further understand that any medical expenses so incurred will be my/our responsibility.

Signature of parent(s)/guardian(s) _____ Date _____
_____ Date _____

Printed name of parent(s)/guardian(s) _____

Address of parent(s)/guardian(s) _____

Telephone (including area code) Day: _____ Eve: _____

Alternate person to contact: _____

Telephone (including area code) Day: _____ Eve: _____

Is your child/ward covered by a health insurance or personal accident (not automobile) insurance plan?
Yes No

Name of insurance company _____

Policy number _____

Name of policy holder _____

Policyholder's date of birth _____ Child/ward's date of birth _____

Specify any allergies your child/ward has (drugs, foods, bee stings, etc): _____

Specify any prescription medications your child/ward is taking: _____

Specify any medical conditions of which we should be aware: _____