



# The Samaritan Inn

HOPE FOR THE HOMELESS

## THE SAMARITAN INN YOUTH MEDICAL DISCLOSURE AND RELEASE

By providing the following information, I authorize medical treatment for my child in case of illness, injury, accident or emergency when I am unable to be contacted.

Youth Volunteer's Name: \_\_\_\_\_

Organization (if applicable): \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Relationship to Youth Volunteer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please list any existing medical conditions including drug allergies: \_\_\_\_\_

\_\_\_\_\_

I, \_\_\_\_\_, agree to assume full responsibility for my child's safety while he/she is in volunteer service at THE SAMARITAN INN. I hereby release THE SAMARITAN INN, its officials, employees, board of directors and agents from any and all claims or actions resulting from any injury that may occur to my child while in volunteer service. I agree to reimburse THE SAMARITAN INN for any damages it is compelled to pay, arising from any such claim, demand, action or cause of action occasioned by my child.

\_\_\_\_\_  
Signature of Parent/ Guardian

\_\_\_\_\_  
Date