

Student Volunteer Activity Consent Form

Student Information

Full Name

Student ID

Grade/Class

Contact Number

Volunteer Activity Details

Activity Name

Date

Location

Description of Activity

Medical or Health Information

Please indicate any medical conditions, allergies, or required medications:

Emergency Contact

Full Name

Relationship

Contact Number

Consent and Agreement

I hereby give consent for the above student to participate in the described volunteer activity. I acknowledge that I have been informed about the activity details and potential risks, and have provided any relevant medical or health information.

Parent/Guardian Name

Date

Parent/Guardian Signature

Date
