

# Student Volunteer Activity Consent Form

## Student Information

Full Name

Student ID

Grade/Class

Contact Number

## Volunteer Activity Details

Activity Name

Date

e.g., June 10, 2024

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

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Date

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Parent/Guardian Signature

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Date

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