

Parent/Guardian Consent for Child to Volunteer with Feeding Our Kids

Feeding Our Kids (FOK), is a 501(c)(3) nonprofit dedicated to fighting food insecurity among the youth of Champaign County, encourages and appreciates the efforts of volunteers under the age of 18. Before a child begins volunteering, however, we require consent from a parent or legal guardian. To consent, please read and sign the form below. Thank you, and don't hesitate to contact us with questions.

Volunteer Name: _____ Date of Birth: _____

Parent / Legal Guardian Name: _____ Phone: _____

Home Address: _____

Alternate Emergency Contact

Name: _____ Relationship to Volunteer: _____

Phone: _____

By signing this form, I, the parent or legal guardian of the child named above, consent to the child's participation in volunteer activities organized by Feeding Our Kids. I understand that my child will receive no monetary compensation for this work. I understand that volunteering with FOK involves performance of physical tasks, including, but not limited to, lifting and moving foodstuffs and containers, as well as opening boxes with sharp instruments. As such, there is an inherent risk of injury involved with these tasks. I understand and acknowledge these risks and will not hold FOK accountable or liable for any injuries that unintentionally result from the child's participation, or any medical issues that arise during time spent volunteering due to any underlying physical condition.

COVID-19 Acknowledgement

I also understand and acknowledge that this activity will involve other members of the community, and that while Feeding Our Kids will take all reasonable precautions, there is still an inherent risk of COVID-19 spread. As such, I will not hold FOK or the Champaign Church of Christ accountable or liable for any potential COVID-19 exposure at an FOK event.

Parent / Legal Guardian Signature: _____ Date: _____

Medical Information and Authorization Form

Any Physical Limitations or Health Conditions of Child: _____

Primary Health Care Facility (Hospital/Clinic/Etc.): _____

Primary Care Physician: _____ Phone: _____

I, the parent / legal guardian of (child's name) _____, give the responsible Feeding Our Kids representative permission to authorize medical care for this child if, in the representative's reasonable judgement, the need arises. In such cases, the representative will follow the advice and instruction of medical/emergency professionals.

Parent / Legal Guardian Name: _____

Parent / Legal Guardian Signature: _____ Date: _____

Image/Publicity Release (Optional)

I grant Feeding Our Kids permission to potentially take photographs, video, or recordings of my child while they are performing volunteer tasks and then potentially use this media for promotional materials to further the mission of Feeding Our Kids.

Parent / Legal Guardian Signature: _____ Date: _____