PARENTAL CONSENT FOR MINOR PARTICIPANT

Name of Child _____

The above named child has my permission to participate in the REBUILDING TOGETHER Omaha Home Repair/Rehabilitation Project currently scheduled for April. On behalf of such child I have signed a Parental Permission Form and hereby agree to all terms and conditions of the Form.

In case of medical or dental emergency, I understand that every effort will be made to contact me at the telephone number set forth below. If I cannot be reached, I hereby give permission to the physician or dentist selected by REBUILDING TOGETHER Omaha to hospitalize, secure proper treatment for, and to order injections, anesthesia or surgery for the child named above. A copy of this permission form may be accepted by and treated by the physician as equivalent to the original permission form.

_____	_____	_____
Date	Signature of Parent/Guardian	Telephone

PLEASE COMPLETE THE FOLLOWING:

1. Medical Insurance Carrier: _____
   Policy Number: _____

2. Family Doctor: _____
   Address: _____
   Telephone: _____

3. Family Dentist/Orthodontist: _____
   Address: _____
   Phone: _____

4. Any Drug or Food Allergies: _____

5. Limitations on Activities: _____

6. If I cannot be reached, please contact _____

   Telephone: _____

This form is to be signed if neither parent will be present at the work site.