

# Arrow's Heart Animal Rescue

## Volunteer Permission Slip

I have read the Arrow's Heart Animal Rescue Volunteer Agreement and Waiver, fully understand its contents and initialed it. My Child and I understand the risks present in volunteer duties and freely assume those risks and agree to release Arrow's Heart Animal from and against all claims for injury, loss, or danger to the undersigned as a result of such volunteer duties. I hereby give permission to Arrow's Heart Animal Rescue to seek emergency medical treatment for \_\_\_\_\_, in case of accident, injury or illness. It is understood that every effort will be made to contact me, or a person listed below before taking action.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Arrow's Heart Animal Rescue Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **In case of emergency, please call:**

**Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

### **Alternative Contact:**

**Name:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Date Of last Tetanus Shot:** \_\_\_\_\_

**Any Other Important medical information that should be noted (Allergies, physical restrictions, etc...):** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **Optional (In case of emergency)**

**Name of Primary Doctor:** \_\_\_\_\_

**Location of Doctors Office:** \_\_\_\_\_

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