

I, _____, the parent or guardian of a minor,
_____, do hereby consent to said minor participating in
community service at any agency designated by Sarpy County Community Services.

I further agree to indemnify Sarpy County, its employees, agents and sponsors of events for any damage or injury caused by said minor. I hereby authorize any necessary medical treatment to be given to said minor, and specifically authorize an adult employee (of Sarpy County or designated agency), attending physician, or hospital to consent to medical treatment for the minor, which said employee, attending physician, or hospital may deem necessary under the circumstances.

Address: _____

Phone Number(s): _____

Secondary Contact Person and Relationship: _____

Secondary Contact Person Phone: _____

I, _____ a minor, agree to abide by the rules set forth by the Sarpy County Community Services Department and of any agency to which I am assigned, and to conduct myself in a responsible, professional manner. I understand that I will be held responsible for any damage or injury caused by my actions.

Signed: _____

(Parent or Guardian)

Signed: _____

(Minor Child)

Dated: _____

Please provide any information that you feel is necessary to help us ensure the safety of the minor child (i.e. health concerns, allergies, medications, etc.):
