

PERMISSION SLIP FOR MINOR TO VOLUNTEER
GRANT REHABILITATION AND CARE CENTER

I am giving my permission for my minor son/daughter

Name: _____

to volunteer at Grant Rehabilitation and Care Center under the direct supervision
of the Activity Staff in the capacity of

_____ for _____ amount of time

_____ times a week or _____ times a month

Signature of Parent/ and or Guardian

Date

Activity Staff Person

Date