

**PARENT/GUARDIAN CONSENT FOR MINOR TO VOLUNTEER AT RUSH COPLEY**

My (our) daughter/son, \_\_\_\_\_ has my (our) consent to serve as a teen volunteer at Rush Copley. I understand that the decision to volunteer is a serious one. Therefore, I will support my son/daughter in his/her volunteer commitment. I understand that repeated absences without notification will result in dismissal from the Rush Copley volunteer program.

I (we) also give my (our) consent for my (our) daughter/son to receive required TB testing and influenza vaccination (October to March). I (we) understand that my (our) daughter/son must present a copy of his/her MMR and varicella immunizations at the time of the interview.

I (we) understand that should my (our) child be injured or require medical attention while he/she is volunteering, that I (we) will be responsible for the cost of related medical care and treatment. My son/daughter is not covered under the hospital's health or worker's compensation insurance plans.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date