

Teen Volunteer Parent Consent Form

If the volunteer is under the age of 18, parental guardian consent is required.

My son/daughter, \_\_\_\_\_ has my permission to serve as a Teen Volunteer with UPMC Western Maryland. As the parent/guardian of the above-named student, I will read the literature that is provided to my child so that I know what is expected of him/her.

I attest that my child is at least 14 years of age and is free from communicable diseases and will be able to provide evidence of negative TB screening and proof of immunization (signed by licensed nurse or healthcare provider who is not the child's relative), immunity by laboratory results, or natural disease history, or rubella (German measles), rubeola (measles), and varicella (chicken pox).

Volunteering may include observing patients in a healthcare setting and observing medical, laboratory, and or business procedures. I further understand that UPMC Western Maryland offers medical services for the care and treatment of a wide range of illnesses, diseases and injuries, including but not limited to such infectious diseases as tuberculosis, hepatitis, and HIV, and that there is a risk, however slight, that my son/daughter might be inadvertently exposed to such diseases at the hospital.

I do hereby release UPMC Western Maryland, their staff and sponsors from any responsibilities of injury or accident as a result of the volunteering experience. Any medical expenses incurred as a result of injury or accident will be my responsibility.

I understand that in case of a medical emergency, every attempt will be made to contact me before medical action is taken. However, this document is my consent as apparent or guardian for emergency treatment and/or procedures necessary for my son/daughter by the professional staff at UPMC Western Maryland.

I release, discharge and relieve UPMC Western Maryland from any and all claims whatsoever of any nature as a result of his/her volunteering and all related activities.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date