Volunteer Services
Parent Permission for Teens in Action

Teen in Action Name (please print): _____

I understand that as a member of Tanner Medical Center's health care team, my child or dependent will need to be tested for tuberculosis by the administration of a PPD test. This involves a minor prick on the arm, which will need to be observed by the area of person administering the test, approximately 48 hours later.

_____

Signature of Parent or Guardian (include relationship) Date

In the event of a medical emergency, while your child or dependent is performing their volunteer duties at Tanner, I permit the healthcare providers and Tanner staff members in the Emergency Department to treat my child. I also acknowledge that I am responsible for any costs related to their treatment.

_____

Signature of Parent or Guardian (include relationship) Date

If your child or dependent sustains a blood or body fluid exposure or injury and is participating in this program, they must report immediately to the manager of the area to which they are assigned. A form will be completed and depending on the nature of the incident, they may be taken to the emergency department for evaluation and or treatment. I acknowledge that I am responsible for any costs related to their treatment.

_____

Signature of Parent or Guardian (include relationship) Date

I under that anyone working in the healthcare environment is strongly encouraged to take the yearly influenza shots which are offered at no costs at the hospital. You will be asked to sign permission before your child/dependent can receive the immunization.

_____

Signature of Parent or Guardian (include relationship) Date

_____

Signature of student if age 18 or older Date
(Signifies Agreement with all the Above Clauses)

7/1/10