

Parental Consent Form

Dignity Health
Employee Health Services

Applicant Name _____

- I give my consent for Dignity Health staff to administer and monitor Tuberculosis Screening (skin testing and/or chest x-rays), perform a physical exam, drug testing, and determination of immunization status, through immunization records or blood testing as needed to the above named minor.
- I give my consent for Dignity Health Employee Health Services to evaluate on-the-job injuries and treat appropriately.
- I give my consent for Dignity Health staff to administer emergency medical treatment as necessary.
- **In addition to parental consent, a parent must be present for vaccine administration and available to review the *Vaccine Information Sheet*.**
- **If the Volunteer is over the age of 18 at any time during their volunteer experience, confidentiality transfers from the guardian/parent to the student.**

Date _____

Parent/Legal Guardian Signature

Printed Parent Name

Parent Phone Number