

Parental/Legal Guardian Consent Form
Employee Health Services

Applicant/Volunteer: _____

- I give my consent for Dignity Health staff to administer and monitor Tuberculosis Screening (blood testing and/or chest x-ray), and determinations 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 (EHS) to evaluate the above named minor for on-the-job injuries or exposures and treat appropriately, or refer as necessary to the Emergency Department for urgent evaluation and treatment.
- I give my consent for Dignity Health staff to administer emergency medical treatment as necessary for the above named minor.
- **In addition to parental consent, a parent must be present for vaccine administration and available to review the *Vaccine Information Sheet*.**

Required Information for Registration

Was your child born at St. Joseph's Hospital and Medical Center? Circle: Yes / No

If so, what was the mother's first and last name at the time of the child's birth?

Mother's Name: _____

Emergency Contact Information

Please list three emergency contact persons, prioritizing them based on who you would want EHS to reach out to FIRST, SECOND, and THIRD in an emergency situation.

FIRST Contact's Full Name: _____

Phone Number: _____

Relationship to the Minor _____

SECOND Contact's Full Name: _____

Phone Number: _____

Relationship to the Minor _____

THIRD Contact's Full Name: _____

Phone Number: _____

Relationship to the Minor _____

Date: _____

Parent/Legal Guardian Signature _____

Print Name and Relationship to the Minor _____