

PARENTAL CONSENT FORM

Dear Parent/Guardian:

Your son/daughter has signed up for a volunteer program at St. John's Regional Medical Center or St. John's Pleasant Valley Hospital. Your child will be required to have a brief health screening prior to starting the program. This is a state and federal regulation regarding all hospital workers and volunteers.

The screening will consist of proof of immunization against measles (MMR vaccine) and a tuberculosis skin test or a chest x-ray. Please provide your child with a copy of their immunization records for review. Your child's immunizations must be complete prior to joining the volunteer program.

St. John's Employee Health Department will administer the skin test at no cost. Arrangements for the test will be coordinated by the Auxiliary Office.

Sincerely,

Stephanie Garofalo
Manager of Volunteer Services

I hereby give permission for my child (name) _____

to have a tuberculosis skin test and/or chest x-ray, depending on which is indicated for my child.

Parent/Guardian Signature: _____ Date: _____



St. John's Regional Medical Center
1600 North Rose Avenue
Oxnard, CA 93030
direct 805.988.2500

St. John's Pleasant Valley Hospital
2309 Antonio Avenue
Camarillo, CA 93010
direct 805.389.5800