

Methodist Hospital of Sacramento/ Bruceville Terrace

CONSENT FOR MINOR TO PARTICIPATE

1. Junior applicants must include two letters of recommendation with the application.
2. I authorize _____ a minor, to participate in Junior Volunteer activities at Methodist Hospital of Sacramento/ Bruceville Terrace . Such activities are under the supervision of the hospital's Manager of Volunteer Services or a designated representative.

I (we) understand that this minor's services are donated to the hospital, without the expectation of reimbursement, and given for charitable, humanitarian, or religious reasons.

I (we) give permission for the above- named minor to submit to a drug-screen, tuberculin skin test (PPD) or other blood test which is required to service at Methodist Hospital of Sacramento/ Bruceville Terrace. It is understood that this required test if given at the hospital's expense.

I (we) authorize the Emergency Department physicians as my (our) agents to consent to any X-ray examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care which is deemed advisable in an emergency situation.

I (we) release Methodist Hospital of Sacramento/ Bruceville Terrace and its employees from any claim of liability for any damages, injury, or illness resulting to the above-named minor, not resulting from any fault or neglect on the part of the hospital, while engaging in designated Junior Volunteer activities.

This authorization and permission shall remain effective for the period of time the above-named minor is a Junior Volunteer at Methodist Hospital of Sacramento/ Bruceville Terrace.

PRINT PARENT/GUARDIAN NAME

PRINT PARENT/GUARDIAN SIGNATURE(S)

DATE