**Lakes Regional Healthcare**
**Summer 2020 Junior Volunteer Program**
**Parental Guardian Consent**

I hereby give consent for _____ to participate in the Junior Volunteer Program at Lakes Regional Healthcare. I understand that he/she will undergo a routine health assessment at LRH including a TB test, provided at no cost to the volunteer, prior to volunteering. I understand that if my son/daughter misses two (2) weeks of unexcused absences he/she will be removed from the program.

Does your child have any special health problems/concerns? Yes: _____ No _____

If yes, please explain: _____

Junior Volunteer's Emergency Contact: _____

Relationship: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Email Address: _____