

**Lakes Regional Healthcare  
Summer 2021 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: \_\_\_\_\_