

**Lakes Regional Healthcare
Summer 2024 Junior Volunteer Program
Parental Guardian Consent**

I hereby give consent for _____ to participate in the Junior Volunteer Program at Lakes Regional Healthcare (LRH). I understand that he/she will undergo a routine health assessment at LRH including a 2-step TB test, provided at no cost to the volunteer if done at LRH, 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: _____