



CHINESE HOSPITAL

845 JACKSON STREET
SAN FRANCISCO, CALIFORNIA 94133

Youth Volunteer Parental Consent Form
(Required for all youth volunteers under 18 years of age)

In order for your child to become a volunteer at Chinese Hospital, we need your consent and your involvement in helping them have a meaningful experience. Please read and sign this parental consent form. Should you have any questions about the nature of our program, now or at any time in the future, please do not hesitate to contact Chelsea Mao at (415) 677-2453 or <chelseam@chasf.org>.

I, the undersigned parent/guardian of _____, who is at least age fourteen but not yet age eighteen, do hereby authorize my child to participate in such volunteer activities in Chinese Hospital's Volunteer Program. I understand that he/she will be provided with orientation and training necessary for the safe and responsible performance of his/her duties and that he/she will be expected to meet all the requirements of the position, including regular attendance and adherence to Hospital policies and procedures. I understand that he/she will not receive monetary compensation for the services contributed.

I release and agree to indemnify and hold harmless Chinese Hospital from any and all liabilities related to or arising from my son/daughter's service as a volunteer, even if arising from the Hospital's negligence, to the fullest extent permitted by law. I also agree that I will assume all costs and expenses (including medical care costs) associated with any injury related to or arising from my son/daughter's service as a volunteer.

In case of injury, I give permission for my son/daughter to be treated in the emergency/treatment center at Chinese Hospital. I understand that all efforts will be made to contact me before treatment occurs, and that it will only proceed without my verbal consent in case of extreme emergency.

This parental consent form shall remain effective for the period of time my son/daughter is a volunteer at Chinese Hospital.

I have read, understand, and accept these terms.

Signature: _____

Date: _____

Printed Name: _____

Nature of Relationship: _____

Parental Consent for TB Testing of Minors

Tuberculosis Skin Test

OSHA (Occupational Safety and Health Administration) requires a "two-step" skin test at the beginning of your volunteer experience. Two separate skin tests are applied approximately 7-10 days apart. The TB Skin Test is applied free of charge. You will need to come back 2-3 days after the test to have your arm examined.

Reasons to waive the skin test would be pregnancy, previous positive skin test for TB or an allergy to Formaldehyde (Phenol 0.28%).

If you have had a TB Skin Test done in the last 6 months or would like to have your own physician apply the test, please have the results sent to the Volunteer Program Office at Chinese Hospital, 845 Jackson St, San Francisco, CA 94133. If you have questions, please contact Chelsea Mao, Program Development Manager at (415) 677-2428 or <chelseam@chasf.org>.

Parental Consent for Testing of Minors

_____, has my permission to receive the Tuberculosis Skin Test at Chinese Hospital.

SIGNATURE OF PARENT/GUARDIAN

DATE

IMPORTANT. In addition to signing this consent for your son or daughter's TB testing, you will need to supply a copy of your child's immunization records which includes proof of MMR (Measles, Mumps & Rubella) vaccinations.

They will not be able to start in the Volunteer Program until these records are received.