



PARENTAL MINOR PERMISSION FORM FOR STUDENT /JR VOLUNTEERS

Important Note: This consent form is intended for student volunteers due to the potential exposure to the Influenza virus, COVID-19 virus, and possible exposure to life and/or emotional situations during their volunteering activities at Onvida Health. The scope of the consent includes other health requirements, media release, and emergency medical treatment. Please read the form carefully and provide accurate information.

Volunteer Information:

Volunteer's Full Name: _____ Date of Birth: _____

Consent for TB screening, Flu Shot, COVID-19 Precautions:

I, the parent/guardian of the above-named volunteer, hereby grant consent for the volunteer to participate in hospital volunteering, with full understanding of the potential exposure to the Influenza virus and COVID-19, while adhering to the following precautions:

Tuberculosis Screening: I give my consent of Tuberculosis Screening (skin testing and/or chest x-rays), determination of immunization status, through immunization records or blood testing, and/or administration of the Tuberculin skin test, as needed to the above named minor.

- TB screening is required for all volunteers and staff working/volunteering at Onvida Health.
- If chest X-ray is indicated, child (minor) must be accompanied by legal guardian/parent.

Flu Shot Requirement: I understand that the above named minor is required to receive an Influenza Vaccine (Flu shot) before flu restrictions are in place and it is required to provide proof of vaccination or declination form to Employee Health Clinic.

I agree to ensure that the above named minor receives the flu shot and provides the necessary documentation or signed declination form by parents/guardian.

- Volunteers 15-17 years old are required to obtain their own flu shot; 18 years or older may obtain at Onvida Health

COVID-19 Safety Measures: I acknowledge that Onvida Health has implemented various safety measures to minimize the risk of COVID-19 transmission and although COVID vaccine is not mandated, it is recommended.

Emergency Medical Treatment Authorization: In the event of a medical emergency where I, as the parent/guardian, cannot be reached immediately, I authorize Onvida Health medical personnel to provide necessary medical treatment, including but not limited to medical examination, diagnosis, treatment, and hospitalization, as deemed appropriate.

Immunization records: I have attached a copy of my child's immunization records.

Media Release: I give consent for my child to be photographed and or recorded for the purpose of marketing our volunteer program, retention initiatives and recognition events.

Yes____ No____

Consent:

By signing below, I acknowledge that I have read and understand the contents of this form.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

Please retain a copy of this consent form for your records.

Important:

Please have child either bring or email to volunteerservices@onvidahealth.org

- 1) Parental Minor consent form for Student/JR volunteers (completed and signed)
- 2) Two teacher references forms as indicated on website www.onvidahealth.org/volunteers
- 3) Copy of your child's immunization records.
- 4) Parent/guardian must accompany volunteer to health screening when scheduled with Employee Health Clinic.

If we do not receive the required forms by the specified date, they cannot proceed to the next step of the volunteering process. We look forward to offering your child a meaningful and rewarding experience as they explore healthcare opportunities and give back to their community.

For additional information and or questions please contact a member of our volunteer staff at 928-336-7065