Volunteer Parent Consent and Release of Liability Form

If volunteer is under of the age of 18, parental guardian consent is required.

My son/daughter,________________________, has my permission to serve as a CHI Mercy Teen Volunteer. As the parent/guardian of the above-named student, I will read the literature that is provided to my child so that I know what will be expected of him/her.

I attest that my child meets the age requirement for the Volunteer Program (location specific) or is 16 years of age. I attest my child is free from communicable diseases and will complete the required TB skin testing through Mercy Employee Health.

Volunteering will include observing patients in a healthcare setting and observing medical, laboratory, and/or business procedures. I further understand that CHI Mercy Health offers medical services for the care and treatment of a wide range of illnesses, diseases and injuries, including but not limited to, such infectious diseases as tuberculosis, hepatitis, and HIV and that there is a risk, however slight, that my son/daughter might be inadvertently exposed to such diseases at the Hospital.

I do hereby release CHI Mercy Health, their staff and sponsors from any responsibilities of injury or accident as a result of the volunteering experience. Any medical expenses incurred as a result of injury or accident will be my responsibility.

I understand that in case of a medical emergency, every attempt will be made to contact me before medical action is taken. However, this document is my consent as parent or guardian for emergency treatment and/or procedures necessary for my son/daughter by the professional staff at CHI Mercy Health.

I release, discharge and relieve CHI Mercy Health from any and all claims whatsoever of any nature as a result of his/her volunteering/shadowing and all related activities.

__________________________________________________________  ______________________________
Parent/Guardian Signature                                             Date