

**BANNER GATEWAY MEDICAL CENTER
TEEN VOLUNTEER PROGRAM**

PARENT CONSENT FORM

I hereby give permission for my son/daughter, _____
to serve as a Teen Volunteer at Banner Gateway Medical Center.

Understanding that a hospital environment may carry certain risks to an individual's health or safety, I give consent:

- To my child participating as a Banner Health teen volunteer with an understanding that my child may be exposed to life and death situations, i.e. witnessing a birth or death.
- To have Banner Gateway annually administer and monitor the required tuberculin skin test (or chest x-ray), and flu vaccine (during flu season), free of charge for my son or daughter while he/she is a volunteer.
- To have Banner Gateway administer emergency medical treatment to, or seek appropriate and necessary treatment for, my son/daughter in the event he/she is injured in the performance of his/her volunteer assignment and any efforts to contact me are unsuccessful.

I also understand that when injuries occur through no fault of the institution, the hospital will bill the volunteer's parents or guardian, or the volunteer's personal health insurance carrier.

Recognizing that the rules, regulations and policies of Banner Health must be followed, I will advise my child of their importance. I also understand that Banner Health may, at its discretion, direct that my child not participate as a volunteer.

Parent or Guardian

Date