CONSENT TO PARTICIPATE FOR MINOR

(For parents/guardians of students under age 18)

	, a minor, to participate in volunteer activities at ervices are donated to the hospital without financial compensation uture employment.
	any claim of liability for any damages, injuries or illnesses while medical attention is needed, the volunteer may see his/her own s/her choice and at his/her expense.)
 I understand that all student volunteers at records and obtain any immunizations that the 	t Good Samaritan are required to turn in a copy of their immunization he hospital requires for student volunteers.
I understand that all volunteers must particip	pate in MANDATORY Orientation.
 I understand that students must be able to ful participate. 	lfill six of the seven weeks of the program to be eligible to
-	make their best effort in fulfilling their commitment to the hey accept. <u>Unscheduled absences will result in termination of</u> o exceptions).
<u>-</u>	be professional in appearance, punctual and conscientious. They ourteous and considerate of others, while striving to make their
• I understand that cell phones are to be used for volunteer time.	for emergencies only and will be put away during the scheduled
By signing below, parent/guardian and student both agree these conditions.	you have read the provided information and agree to comply with
Signature of Parent/Guardian	Date
Signature of Student Volunteer	Date
Please sign this consent form and return by May 3rd, 2024.	

Good Samaritan Collaborative Interprofessional Education Department 520 South Seventh Street Vincennes, IN 47591