Parent/Guardian Consent Form

Your child has applied to and been selected for the Volunteer Program offered by Marietta Memorial Hospital and Selby General Hospital dba Memorial Health System (hereinafter referred to as "MHS"). The Volunteer Program is managed and sponsored by MHS. This document is intended to give permission for your child to participate in the Volunteer Program, realizing that each student must provide his/her own transportation to and from the Volunteer site, and that your son/daughter must meet the program and application requirements to be accepted into the Volunteer Program.

Permission to Participate

____(print child's name) may participate in the Volunteer Program managed and sponsored by MHS.

_________Yes __________No

Permission to Travel

Transportation to and from the various sites utilized in the Volunteer Program is the sole responsibility of either the parent or student. If the student will be driving to any of the various sites utilized in the Volunteer Program, as the parent/legal guardian of the above-named student, I hereby give consent for my child to drive a private vehicle to and from any such site.

As the parent/legal guardian of the above-named student, I hereby consent to allow him/her to ride with another student to and from any of the various sites utilized in the Volunteer Program.

__________Yes ___________No

Photo Release

I grant permission for my son/daughter to be photographed or videotaped for promotional and educational purposes while participating in this program.

_________Yes ____________No

Medical Authorization and Insurance Information

Should it be necessary for my son/daughter to have emergency medical treatment while participating in this program, I hereby give the personnel of MHS permission to use their best judgment in obtaining medical services for my child, and I give permission to the physician selected to render whatever medical treatment he/she deems necessary and appropriate.

__________Yes ____________No

Permission is also granted to release emergency contact/medical history to the attending physician or to the Volunteer Program personnel, if needed.

__________Yes   ____________No

Health Insurance Company ____

Name of Policyholder ____

Identification Number________________________   Account Number ________________________

Name of Parent/Legal Guardian_______________________   Phone __________________________

Contact if Parent Not Available_______________________   Phone __________________________

Family Doctor____________________________   Phone _________________________________

Does your son/daughter require any special accommodations because of medical conditions, disabilities, or other restrictions?

___________No

___________Yes; If yes, please explain

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I hereby agree to waive and release any and all rights that I, my child, or our representatives may have to pursue any claim against MHS, its employees, directors, agents, officers and/or affiliates resulting from illness, disease, injury, death, or loss of personal property, including resulting attorney fees, that may result from my child's participation in the Volunteer Program.

I further agree to indemnify and hold harmless MHS, its employees, directors, agents, officers and/or affiliates from any claims resulting from illness, disease, injury, death, or loss of personal property, including resulting attorney fees, which I or my child might bring, or which might be brought on my behalf or on behalf by others, or which might be made against either me or my child by others, arising from my child's participation in the Volunteer Program.

_______________________________________   ___________________________________

Signature of Parent/Guardian   *Date*