

**KAISER PERMANENTE EMPLOYEE HEALTH SERVICE
OAKLAND MEDICAL CENTER
235 WEST MACARTHUR BLVD
ROOM 348
OAKLAND, CA 94618
(510) 752.6024**

STUDENT VOLUNTEER PROGRAM

PARENTAL CONSENT STATEMENT (for students under 18 years of age):

I give my consent for the Employee Health Services to administer the following routine health screening tests and vaccinations if necessary to my son/daughter prior to the start of the Student Volunteer Program.

1. Intermediate Strength Purified Protein Derivative (PPD) skin test for tuberculosis (this may require a two step skin test if no prior record of TB skin testing within the last two years is available) or a chest x-ray if a **documented** history of a positive PPD skin test exists; and
2. Rubella, measles, mumps and varicella (chicken pox) immunity assessment. This will be done by blood test. Immunization is required if not immune unless medically contraindicated; and
3. Hepatitis B vaccination may be offered if child has not already received the vaccine. This is **not a mandatory requirement**.

I give my consent for **annual tuberculosis** screening as a requirement of continuing participation in the Student Volunteer Program.

Please list any allergies to food or drugs you child has: _____

Student Volunteer's Name (please print): _____

Medical Record Number _____

Signature of Parent/Guardian: _____

Daytime Telephone number: _____

Relationship: _____ Date: _____

This form must be completed when submitting candidate application.