

**KAISER PERMANENTE MEDICAL CENTER
OAKLAND, CALIFORNIA
VOLUNTEER SERVICES**

PARENTAL CONSENT—STUDENT VOLUNTEERS

We are pleased to consider your son/daughter as a Student Volunteer in our program. Please complete this **Parental Consent Form for Volunteer Duty** and return it with the Student Volunteer Services application packet. Thank you for your cooperation. We look forward to working with you.

My son/daughter _____

age _____ birthdate _____ has my consent to be a Student

Volunteer. I assume all responsibility for his/her service in this program in

accordance with the **policies and procedures** of the Volunteer Services

Department. He/she is in good health and may participate in all activities in

connection with his/her assigned duties at the Kaiser Permanente Medical

Center, Oakland. **Employee Health Assessment** includes a two-step TB

screening test (TB screening required annually) and a simple blood test to check

for immunity against MMR and Varicella. Should I have any questions regarding

medical clearance, you can call Employee Health at 510.752.6024. Please

complete a **Consent to Treat Minor** medical form.

Date

Signature of Parent or Guardian

Home Address

- **Questions relating to Employee Health? Please call the Employee Health Nurse at 510.752.6024.**

If you need further assistance, please call Michelle Heckle, Service Director,
510.752.6671

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