

Volunteer Parent Consent Form

My daughter/son _____ has my consent to serve as a volunteer at maple grove hospital.

Parent signature: _____

In the event that my daughter/son should require medical attention while on duty as a volunteer, I understand that Maple Grove Hospital will first make every attempt to contact me through the emergency numbers listed below.

EMERGENCY CONTACTS

Name: _____

Phone (H): _____ Phone (C): _____

Relationship to volunteer? _____

Name: _____

Phone (H): _____ Phone (C): _____

Relationship to volunteer? _____

If unable to make contact with anyone at the designated emergency numbers, I give my permission to Maple Grove Hospital to administer medical care/treatment to my child should they require medical services while on duty as a junior volunteer.

Parent signature: _____

Volunteer signature: _____

