



**SAUK PRAIRIE HEALTHCARE  
VOLUNTEER SERVICES**

**PARENT/GUARDIAN CONSENT  
FOR VOLUNTEERS UNDER 18 YEARS OF AGE**  
Return this completed form to the SPH Volunteer Office.

Please read the following and sign **twice**.

Your child (minimum age of 14) is applying for a volunteer position at Sauk Prairie Healthcare. If you approve, please give your consent by filling out this information:

\_\_\_\_\_ (child's name)

has my consent to become a hospital volunteer.

**Signature of Parent/Guardian** \_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Today's date \_\_\_\_\_

If you have questions about volunteering, call the SPH Volunteer Coordinator at 643-7257.

Proof of immunity to rubella and screening for tuberculosis (TB) is required of all volunteers by Wisconsin legal statutes.

TB screening is offered free by SPH. If your child's TB testing is positive, you will be advised to promptly seek medical follow-up with your health care provider, which will be your financial responsibility. You may need to provide proof to SPH in the form of a negative chest Xray report to be medically cleared to volunteer at SPH.

If documentation of rubella (MMR) immunization cannot be obtained, a blood test will be needed. The blood test is offered free to SPH volunteer applicants. If the test shows your child is not immune to rubella, a MMR booster with your health care provider would be required, which will be your financial responsibility.

If you approve, please give your consent below.

\_\_\_\_\_ (child's name)

has my consent to be screened for TB by skin OR blood test, and if necessary a rubella lab test.

**Signature of Parent/Guardian** \_\_\_\_\_

Printed name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Today's date \_\_\_\_\_

If you have questions about these tests, call the SPH Employee Health RN at (608) 643-7294