



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 15) 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 _____

Today's date _____

If you have questions about volunteering, call the SPH Volunteer Coordinator at (608)643-7257.

It is a Public Health requirement that all Healthcare workers are screened for exposures to tuberculosis (TB). SPH will provide a blood test free of charge to all new volunteer candidates. If your child's TB testing is positive, you will be advised to seek medical care with your primary care provider and costs incurred would be your financial responsibility. Positive testing is required to be reported to Public Health for follow-up.

Documentation of vaccines to be reviewed by Employee Health and recommendations made if incomplete records are made available. Questions can be directed to EH RN at (608)643-7294.

If you approve, please give your consent below.

_____ (child's name)
has my consent for a TB blood test. In addition, if records are incomplete, a blood test to measure antibodies for vaccine preventable illnesses-Measles, Mumps, Rubella and Varicella.

Signature of Parent/Guardian _____

Printed name of Parent/Guardian _____

Address _____

City _____ Zip Code _____

Phone Number _____ Today's date _____