

JUNIOR VOLUNTEER PROGRAM

PARENT/GUARDIAN PERMISSION

Permission: I, _____, give permission for my child/ward, _____, to volunteer at University Hospitals & Clinics in the Junior Volunteer Program during the period from (begin date) _____, to (end date) _____. The time frame for volunteering will be designated by the assigned department.

Transportation: I agree to provide or approve of transportation to and from the University of Utah Hospitals and Clinics during those times.

Emergency Treatment: I give consent for University of Utah Hospital & Clinics to provide medical treatment for _____ in case of emergency.

Signatures and Phone Numbers:

Parent/Guardian (print Name, adding "Parent" or "Guardian") _____

Signature (Sign name, adding "Parent" or "Guardian") _____

Telephone number where Parent or Legal Guardian can be contacted _____

Date: _____