



Junior Volunteer Parental Permission

Parent or Guardian,

Please read and sign the following statements regarding your child's participation in the Mid Coast Hospital Junior Volunteer Program.

I understand that _____ has applied to be a Junior Volunteer
(Name of child)
at Mid Coast Hospital for this summer. My child and I understand that participating in this program requires a commitment of at least 35 hours of service and adherence to an assigned schedule. I agree to support my child in this responsibility.

In the event that my child is injured while on duty, I authorize the hospital Employee Health Nurse and/or Emergency Department to treat him/her. I understand that every effort will be made to reach the parent/guardian should injury occur.

List any medical conditions or learning disabilities that we should take into consideration when assigning your child tasks:	
Does your child take any medications regularly which should be known in an emergency situation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are they?	
I grant permission for my child to participate in the program:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I grant Mid Coast Hospital staff permission to contact the School Guidance Counselor and/or Personal Reference:	<input type="checkbox"/> Yes <input type="checkbox"/> No
I grant permission for photos of my child to be used in hospital publications and/or in newspaper articles about the Junior Volunteer Program:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Volunteer Contact Information

Street Address:	
City/State/Zip:	
Phone:	

Parent Contact Information

Name of Parent(s):	
Address (if different from child's):	
Work Phone:	
Home/Cell Phone:	
<i>If parent/guardian is unavailable in an emergency, the person to be contacted is:</i>	
Name:	
Relationship:	
Phone:	

Signature of Parent or Guardian	Date
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