



PARENTAL APPROVAL FOR JUNIOR VOLUNTEER

_____ has my approval to participate in the University of Maryland Upper Chesapeake Health Junior Volunteer Program. I understand that my child will be responsible for adhering to the rules and regulations set forth by the Volunteer Services Department. Non-conformance to set policies and procedures could result in termination from the program. My signature will give authorization to participate in this program, including orientation, in which fire and safety procedures and health issues, including AIDS education and infection control practices are discussed.

In addition, _____ has my consent for a PPD test for tuberculosis and a chest x-ray, (if indicated) to be done on an annual basis. Consent is also given for a titer to be drawn if proof of the recommended number of doses for the MMR, Varicella and Hep B vaccines cannot be provided. Consent is also given to provide any necessary vaccines the volunteer may need.

_____, also has my consent for an Annual Influenza Vaccine.

Reasons I do not wish to take the vaccine – please check all that apply:

- Received elsewhere – I have provided written verification with this form:
 - Personal physician's office
 - Outside vendor (Pharmacy, grocery store, etc.)
 - Other employer
- I have an allergy to the vaccine. **(see below)*
- I have a history of Guillain-Barre syndrome. **(see below)*
- I do not wish to receive the influenza vaccine due to sincerely held religious beliefs that prohibit me from receiving the vaccine. I further understand that social, political or personal preferences are not "sincerely held religious beliefs."

****I have provided written verification from my physician with this form. I will schedule an appointment with Occupational Health (x3428), unless previously documented by the Medical Director of Occupational Health.***

Please check where your child will be volunteering.

- University of Maryland Upper Chesapeake Medical Center
- University of Maryland Harford Memorial Hospital

Signature

Relationship to Minor

Date