

PARENTAL APPROVAL FOR JUNIOR VOLUNTEER

	has my approval to participate	e in the University of Maryland
	or Volunteer Program. I understand tha	· · · · · · · · · · · · · · · · · · ·
_	lations set forth by the Volunteer Service	· · · · · · · · · · · · · · · · · · ·
•	d procedures could result in termination	
	cipate in this program, including oriental	-
procedures and health issues,	including AIDS education and infection c	ontrol 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 als	o give for a titer to be drawn if
proof of the recommended nu	mber of doses for the MMR and Varicell	a vaccines cannot be provided.
	, also has my consent for an Annua	
	the vaccine – please check all that appl	
	e provided written verification with this f	orm:
Personal physician's		
-	armacy, grocery store, etc.)	
□ Other employer		
☐ I have an allergy to the vacc		
☐ I have a history of Guillain-B	•	
	nfluenza vaccine due to sincerely held re	
"sincerely held religious beliefs	rther understand that social, political or s."	personal preferences are not
	ication from my physician with this form	
Please check where your child	will be volunteering.	
-	Maryland Upper Chesapeake Medical Cer	
 University of N 	Maryland Upper Chesapeake Medical Cei	nter - Aberdeen
Signature		Date