



Employee Health Services

Parental Consent:

**This consent must be signed by a parent or legal guardian of a minor (under 18 years of age) applying for a volunteer position at University of Maryland Medical Center.**

I am the parent/legal guardian of \_\_\_\_\_ who has applied for a position as a volunteer at the University of Maryland Medical Center. By my signature below, I am consenting to University of Maryland Medical Center, Employee Health Services to perform skin tests for tuberculosis.

Tuberculosis (TB) is a disease that usually affects the lungs. TB germs are spread from person to person through the air. A small needle will be used to put some testing solution, called tuberculin, just under the skin. After your child gets the test, they must return to Employee Health in 2 to 3 days to see if there is a reaction to the test.

\_\_\_\_\_  
Parent or Guardian's Name (Printed)

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date