Volunteer Services
1000 Greenley Road
Sonora, CA 95370
209-536-4036
AdventistHealth.org

Consent for Minor to Participate

I hereby authorize _____ (name of minor) to participate as a volunteer at Adventist Health Sonora. I am the minor's parent, guardian, or caregiver and have the authority to authorize medical care for them.

I understand that my child's services are donated to the hospital without compensation or contemplation of future employment. To remain in the program and receive a letter of good standing, I understand that s/he must regularly fulfill the minimum service requirements of two (2) hours per week. I also understand that s/he will commit to at least one year of volunteer service. I will assume responsibility for his/her transportation to and from the hospital.

I authorize the Employee Health Department to perform a blood draw to aid in the detection of infection with M. tuberculosis, which is performed by a blood draw. Additionally, I authorize Adventist Health Sonora to evaluate and treat as necessary, any on the job injuries.

I release Adventist Health Sonora and its employees from any claims or liabilities for damages, injuries, or illnesses resulting to said minor that were not caused by any fault or neglect on the part of the hospital while participating in these volunteer activities.

This authorization is granted under California Family Code sections 6901 to 6903 and 6910 and will remain in effect for the duration of my child's volunteer services at the hospital.

_____ _____

Signature of Parent or Legal Guardian Date