

CATHOLIC MEDICAL CENTER
VOLUNTEER RESOURCES DEPARTMENT

CONSENT FORM FOR VOLUNTEEN PROGRAM

This will authorize _____

Date of birth ___/___/___, a minor, to participate in the Catholic Medical Center Volunteen Program. I understand that my son or daughter's services are donated to Catholic Medical Center without contemplation of compensation or future employment, and are given for humanitarian, religious or charitable reasons. Once your son or daughter has been assigned to a department, a copy of the service description for that volunteer assignment will be provided to him/her.

We release Catholic Medical Center and its agents, affiliates, and employees from any claim of liability for any damages, injury or illness resulting to said minor, not occasioned by any fault or neglect on the part of Catholic Medical Center, while participating in such volunteer activities.

In the event of a medical emergency your son or daughter will be treated in the Catholic Medical Center Emergency Department and you will be notified immediately.

This authorization shall remain effective for the period of time my son or daughter is a volunteer in the Catholic Medical Center Volunteen Program.

Signature of parent or legal guardian

Date

Relationship to Minor