

Teen Volunteer Program Parental Consent Form

I, _____, hereby authorize, _____,
(parent/guardian)

a minor to participate in volunteer activities at Good Samaritan Medical Center. I understand the services of the teen volunteer are donated to the hospital without contemplation of compensation or future employment, and given for humanitarian, religious or charitable reasons.

I release Good Samaritan and its 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 the hospital, while participating in volunteer activities.

In the event of a medical emergency, I understand every effort will be made by the staff of Good Samaritan Medical Center to contact me. If I cannot be reached, I hereby authorize the Emergency Room Physicians, as our agent, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions set forth by the state of Colorado on the medical staff of the hospital, whether such diagnosis for treatment is rendered at the office of said physician or at said hospital. This authorization is given in advance of any specific diagnosis, treatment or hospital care being required. It provides authority and power on the part of our aforesaid agent (s) to give specific consent for any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable.

Teen volunteers placed in patient care areas may experience certain clinical conditions including death/dying and trauma. There is also the possibility of exposure to body parts (genitals), blood, mucous and other body fluids. All volunteers will be required to attend an orientation where they will be properly trained on what they can and cannot do as a volunteer, proper hand hygiene, and handling soiled linens. If at any time, my son/daughter is uncomfortable with performing any of the assigned duties they should let their department supervisor and Volunteer Services know immediately. The signatures below verify that both my son/daughter and I have read this statement and understand the potential exposure and risks involved with the volunteer position.

This authorization shall remain effective for the period of time my son or daughter is a member of the Good Samaritan Medical Center Teen Volunteer Program.

Signature of Parent/Guardian

Date