



PART A - PARENTAL PERMISSION FORM FOR CAREER EXPLORATION PROGRAM

I understand that my son/daughter _____ will be participating in a Career Exploration Program at a Hackensack Meridian *Health* hospital and give my consent for him/her to do so. As a prerequisite for the program, the hospital must review his/her medical history. Hackensack Meridian *Health* relies on the information given by the applicant and will not be held responsible for omissions or mistakes. We will consider his/her application if this meets with your approval and your child is willing to comply with the following guidelines. Please sign the consent portion of the form and answer the questions below regarding your child's *health*.

1. Your child meets the age requirements (14-18 years). A copy of his/her birth certificate will be needed at the time of orientation or interview.
2. I understand and agree that the following requirements must be fulfilled for consideration in the program: completion of Health Questionnaire, a PPD and background check.
3. Orientation must be completed prior to service. It provides education relative to their service, which includes appropriate precautions, rules and regulations. We encourage parents to discuss and reinforce with your child the need to adhere to all hospital policies. Volunteering is a serious commitment - much like that of a job. Your child must be in regular attendance.
4. While in the hospital, patients have certain rights - one of which is the right to confidentiality. Please encourage your child to keep all information pertaining to a patient, physician, staff or the hospital confidential.
5. All parents are encouraged to support your child's commitment to the program and discuss any questions or concerns with the volunteer manager or coordinator.
6. Your child must submit a completed *health* questionnaire, and provide proof of immunity of measles, mumps, rubella, and chicken pox; a two step Tuberculin test (Mantoux, PPD) within 1 year; Influenza vaccine or consent to mandatory masking while onsite.

I hereby give permission for my son/daughter to participate in the Career Exploration Program at Hackensack Meridian *Health*. I realize the need for him/her to be dependable, courteous, mature and uphold the hospital's code of ethics. Recognizing the hospital care for the ill, the potential for exposure to communicable disease is always present for visitors, volunteers and employees. I understand the every effort is taken to minimize exposure. I realize that if my child is injured on the job, he/she needs consent for medical treatment. I also realize that my insurance will be billed first for the cost of the treatment, then the hospital will pay the remaining balance if the injury is related to the job and only if a hospital incident report is completed.*

I understand and agree to the above mentioned guidelines.

Parent or legal guardian signature _____ Date _____

*In the event that an injury does occur, every effort will be made to contact a parent or one of the emergency contacts that are named below.

General Health Information

List any medical conditions that your child may have:

Does your child have any limitations (physical, emotional) that we should be aware of in order to make appropriate placement?

If so, please explain _____

Child's Physician _____

Phone # _____

Emergency Information

Please give us the names of two people who can be notified in case of an emergency:

Name _____ Phone # _____

Name _____ Phone # _____

Counselor please keep on file.