



## Parental/Legal Guardian Consent Form

Teen Volunteers/ (Minors under the age of 18)

I hereby give consent for my son/daughter \_\_\_\_\_ to serve as a teen volunteer at Baylor Scott & White Medical Center – Lakeway (BSWMCL).

I understand and consent to my child receiving annual TB tests and mandatory drug screening.

I understand and consent to my child presenting a copy of his/her Immunization record as part of the volunteer application process.

I understand that volunteering at BSWMCL involves my child committing to work in a designated service area of the hospital in a mature and responsible manner. I will assist in providing my child with regular transportation if necessary. I understand that my child is responsible for corresponding with the volunteer coordinator in a timely manner regarding any scheduling changes, sick/vacation leaves, or questions.

I realize that Baylor Scott & White Medical Center – Lakeway is not responsible for my child after he/she leaves the buildings or for any of his/her personal belongings.

I give perpetual permission for Baylor Scott & White Medical Center – Lakeway to use for internal or external purposes, without charge and without reservation, photographs in publishing and promoting the activities or services of BSWMCL. I waive any rights I and/or my child may have and release BSWMCL from any claims I and/or my child may have arising from such use, including any rights to sue for defamation, or violation of rights of privacy/publicity.

Printed Name of Parent or Legal Guardian:

\_\_\_\_\_

Relationship:

\_\_\_\_\_

Address City State Zip: \_\_\_\_\_

Signature of Parent / Legal Guardian: \_\_\_\_\_

Date: \_\_\_\_\_