



Lakeway Regional
Medical Center

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 Lakeway Regional Medical Center.

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 LRMC 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 Lakeway Regional Medical Center 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 Lakeway Regional Medical Center to use for internal or external purposes, without charge and without reservation, photographs in publishing and promoting the activities or services of LRMC. I waive any rights I and/or my child may have and release LRMC 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: _____