



**PARENT/GUARDIAN CONSENT FOR
JUNIOR SAMARITAN SCREENING PROCEDURES**

I, the undersigned, give my consent for _____, a minor (under 18 years of age), to have the screening required by St. John's Hospital as a condition of volunteering as a Junior Samaritan. The screening consists of a review of immunization status by an Employee Health Nurse and a lab test for Tuberculosis (TB) screening.

Name of Parent or Guardian (Please print)

Signature of Parent or Guardian

Date

*A copy of the minor's immunization record is required when they report to Employee Health Service for their TB screening.